DOCUMENT RESUME

ED 265 711 EC 181 701

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TITLE Children with Disabilities in Ordinary Schools: An Action Study of Non-Designed Educational Integration in Pakistan.
PUB DATE Nov 85
NOTE 88p.; Sponsored by the Pakistan National Council of Social Welfare.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Disabilities; Elementary Secondary Education; Followup Studies; *Foreign Countries; Incidence; *Mainstreaming
IDENTIFIERS Pakistan

ABSTRACT

The study of disabled children attending ordinary schools in Pakistan reports that 1.9% of the 43,416 pupils in urban primary and secondary schools in the Northwest Frontier were reported by their teaches to have a perceptible disability. The breakdown of specific conditions varied from 32% with speech impairments to 8% with hearing loss. Details are given of class distribution, daily travel arrangements, and estimated severity of impairment. Follow-up of the disabled students gradually involved social workers and school principals. Outcomes of the study include public awareness, delivery of rehabilitation treatment and aids to an estimated 250 disabled children in ordinary schools, and increased government awareness of the needs of this population. Recommendations are offered for the government as well as the schools. (CL)

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Children With Disabilities
In Ordinary Schools

M. Miles

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Prepared for the National Council of Social Welfare,
Government of Pakistan

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CHILDREN WITH DISABILITIES IN ORDINARY SCHOOLS :

An Action Study of Non-Designed Educational Integration in Pakistan

M.MILES

Sponsored by the National Council of Social Welfare,
Government of Pakistan

Published by the Mental Health Centre, Peshawar.

November 1985

Summary

Among 43,416 pupils in 103 ordinary urban primary and secondary schools in the North West Frontier of Pakistan, 825 (1.9%) were reported by their teachers to have a perceptible disability, 32% having impaired speech, 31% physical disability, 22% visual impairment, 8% hearing loss, 7% other disabilities. Impairments were verified independently. Difficulty in carrying out school work was reported by 35% of the disabled children. 95% reported a positive attitude on the part of their fellow pupils. Details are given of class-wise distribution, daily travel arrangements and estimated severity of impairment.

Follow-up of the disabled pupils was carried out by three graduate social workers in cooperation with school staff, to mobilise schools and families for elementary rehabilitation measures and integrative adaptations of the school environment.

Literature review concerning Third World educational integration indicates that non-designed integration is widespread. The level of 1.9% discovered in the present study suggests that there are far more disabled children in normal schools than in special schools. Some diversion of investment to benefit the former would be a strategic development of programs for special education. Recommendations are given for low-cost adaptation of ordinary education to benefit much greater numbers of disabled pupils.

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ACKNOWLEDGEMENTS

This study was sponsored by the National Council of Social Welfare, Government of Pakistan, under the chairmanship of Minister of State Mr. Mahmud Ali. The cooperation of the General Secretary N.C.S.W., Mr Manzooruddin Ahmed, was much appreciated.

Mr. Sibghat-ur-Rehman carried out the interviews with several hundred pupils and staff, and collated the results. Together with Miss Yasmin Fazal and Mr. Munir Akhtar Qureshi, Mr. Sibghat-ur-Rehman followed up the initial study and facilitated the rehabilitative treatment of a large number of children with disabilities. Costs of treatment were covered by donations from the United Nations Ladies Association and the Christian Aid, London.

The study could not have been pursued without the willing permission of the Directorate of Education N.W.F.P. and the active collaboration of principals, teaching staff and pupils of more than 100 schools in Peshawar, Mingora, Mansehra and Abbottabad. Thanks are due to them, and to the Committee of the Society for Integrated Education of Handicapped Children.

CHILDREN WITH DISABILITIES IN ORDINARY SCHOOLS : AN ACTION STUDY OF NON-DESIGNED EDUCATIONAL INTEGRATION IN PAKISTAN

Introduction

1. During the 1970s it became widely recognised by Western special education and rehabilitation professionals that the majority of children with disabilities can benefit greatly by following ordinary education classes and engaging in other activities normal for their age group in the company of non-disabled children. For many children with physical disabilities, with mild or moderate visual or hearing impairments or mild mental retardation, there is little reason why they should be excluded from ordinary school activities with minor modifications. Such help as may be needed, whether conveyance, hearing aid, spectacles, special furniture or additional classroom assistance, can be provided at a cost lower than that of a separate special schooling system.

2. During the past 100 years there has been some exchange and cross-fertilization of ideas and practices between the normal and the special education systems in Europe. It is now acknowledged that the inclusion of children with disabilities in the ordinary education system brings benefits also for non-disabled children. Full integration of disabled persons in society, aimed at by the International Decade of Disabled Persons 1983-1992, can hardly be achieved without mutual learning, exchange and appreciation beginning in childhood.

3. Separate special schooling may be indicated for some of the more severely disabled children and may also be useful for a short period of 'acclimatisation' for disabled children who have never previously attended school but who will subsequently transfer to integrated education. It is estimated however that there are as many as 4 million children in Pakistan suffering from an appreciable degree of disability. In view of the difficulties experienced by economically stronger countries in providing an adequate coverage of special education and rehabilitation facilities to their disabled child population, it seems unlikely that there will ever be sufficient separate special schools in Pakistan to cater for all the children with disabilities. Those disabled children who get no education or training face a lifetime of dependence. The inescapable conclusion is that integrated education should be investigated and promoted.

4. The existing ordinary schools and teachers constitute a major resource in every part of the country, which could be utilised for the benefit of disabled children. Since the latter have no less right than anyone else to receive education and training, it should be so utilised. Schools where there are already some children with disabilities attending should be encouraged to take more and the pupils encouraged to persevere and complete their schooling. Families should be encouraged to send their disabled child to school. Schools which do not at

present admit disabled children should be helped to begin. Joint activities between disabled and able-bodied children should be promoted for mutual benefit.

LITERATURE REVIEW

5. During the past twenty years the literature concerning educational integration of disabled children has grown substantially, though confined largely to European and North American systems in which organized schooling has been available to virtually the entire school-age population and special schools have existed for many years. This Western literature is interesting and suggestive for the future of educational integration in Pakistan, but in general it is insufficiently relevant to the present situation. Available literature concerning educational integration in developing countries is decidedly thin, and has hardly penetrated to so remote a city as Peshawar. Nevertheless, a start must be made, even if it portrays the researcher rather as one clutching at straws in the wind, in his pursuit of fugitive literature.

Integration in developing countries

a) A growing interest

6. The absence of substantial literature in educational integration cannot be taken to indicate a lack of interest among the developing countries. On the contrary, J.K. Thompson reports from his I.Y.D.P. tour of Commonwealth countries that "Fundamental questions are now being asked about the wisdom of expanding special institutions... the theory that these children should be cared for in the community and attend their local primary school is becoming accepted policy." (1). Thompson mentions plans or practice of educational integration in connection with Bangladesh, Barbados, Fiji, the Gambia, India, Jamaica, Malawi and Sri Lanka, among the developing countries of the Commonwealth. A short excursion among the publications of U.N. agencies and international conference proceedings adds at least the following countries, in which some form of "mainstreaming", "integrated" or "open" education can be found: Algeria (2), Argentina (3), Botswana (5), Brazil (4), Chile (3), Colombia (7), Costa Rica (6), Dominica (4), Ethiopia (3), Guatamala (4), Hong Kong (8), Iran (7), Indonesia (9), Jordan (10), Kenya (11), Korea (12), Malta (3), Nepal (13), Nigeria (14), Philippines (15), Saudi Arabia (10), Senegal (16), Seychelles (17), Tanzania (3), Thailand (14), Vanuatu (13), Zaire (18).

7. Undoubtedly there are far more developing countries conducting experiments with educational integration than the thirty-five listed above. Yet it is a fairly recent phenomenon and by no means undisputed. In 1974, Aime Labregere commented in a UNESCO study of special education in Cuba, Japan, Kenya and Sweden (19), that two of these countries had not reached the stage at which integration was being considered. As late as 1976, the U.N. ECOSOC could publish a study "Obstacles limiting access of disabled children to rehabilitation services and education" in which the author wrote, "Perhaps the greatest problem in the field of schooling for the deaf derives from the fact that

children cannot be placed in regular schools together with hearing peers - or even worse - with other handicapped children. The well-known reason is that deaf children require a particular educational and didactic method." (20). At the time that was written, in U.K. alone, 10,500 pupils using hearing aids were integrated into classes in ordinary schools (21).

8. In 1975 in Pakistan one of the senior educational researchers could write, "It is needless to point out that a crippled child needs to be placed in a special institution exclusively meant for the education and welfare of such children." (22). A decade later the President of Pakistan himself, visiting one such institution, was able to declare that "the modern theory and practice in the advanced countries is that physically handicapped children are given special training in welfare institutions and then are sent to ordinary schools so that they might not develop inferiority complex and might grow with normal children." (23).

9. Among the countries listed above there is considerable variation in the approach to educational integration. In Iran, for example, "The policy of the department of special education from the beginning has been to integrate handicapped children as much as possible into normal schools and society." This policy, which is being implemented in a number of different ways according to resources available and individual need, is seen as benefiting both the handicapped children and the non-handicapped. "Both groups learned to appreciate each other as part of the vast ongoing stream of human existence." (7). Similar reasoning has been applied in Botswana (5), although the economic and skill resources have been much less than in Iran and government policy less clearly formulated.

10. In some developing countries educational integration is being piloted with a particular type of disability. Blind and low-vision children in Bangladesh, Fiji, India, Indonesia, Malawi, Philippines, Senegal, Sri Lanka and Thailand have been among the earliest beneficiaries of this trend, in many cases promoted by Helen Keller International, an American organization with long experience in this field. In other countries e.g. Gambia, Jamaica, Nepal, Nigeria, Vanuatu, Venezuela (24), the need has been highlighted for additions to the ordinary teacher training courses in order to equip teachers for any disabled children whom they may encounter in their classroom.

b) Undesigned integration

11. References so far are to planned educational integration. However, it is recognized in most countries that a certain level of casual, non-planned, incidental or undesigned integration takes place. Kamala Nimbkar described this in India around 1960 (25), in particular for the pupil with some sort of physical impairment: "Many of them do go to school....they somehow rise above their handicap and secure some education and employment." This comment finds an echo in Mauritania (26). In Uganda, "where

the child has normal intellectual ability and he is not severely deaf, he is channelled to a normal school, using a hearing aid of course." (27). From China there are reports of mentally retarded children who "were put into ordinary primary schools and were expected to keep up with the other children through the patience of their teachers. If they could not, they had to leave school." (28). Example is given of one such child after three years of disruptive behaviour and scholastic failure in ordinary schools, finally finding his niche in a newly opened special class. (29) Mention is made of similar children in Sri Lanka (30), Bermuda (31) and Burma (32). A study in Zaire (18) reports: "The information concerning the type of handicapped children admitted to regular schools reveals that polio cases are often accepted, as are epileptics, though for the latter the parents must warn the headmaster, who informs the other children that the handicap is not communicable."

12. Surprisingly little attention seems to have been paid to the phenomenon of casual integration. Perhaps the absence of statistical data has masked its significance. Educational planners may have felt that whatever had not been planned, should not exist. Rehabilitation personnel may have been disquieted by the evidence of some disabled children who could progress without their professional ministrations. The actual results of casual integration may sometimes have been so poor as to have been dismissed. Nevertheless, teachers themselves have been aware of some of the problems and possibilities arising from having disabled children in their classrooms.

c) How many? In what condition?

13. Estimates of the numbers involved vary widely, and there is no standardization of the criteria for deciding what constitutes disability. A survey in Kenya covering nearly 200,000 school children discovered about 800 having a variety of defects, a rate of 4 per 1000 (11). A smaller study in Sri Lanka claimed that "as many as 20% of the school children seen had acquired or were born with disabling impairments" (33). The national disability survey of Zimbabwe gave evidence that 61% of disabled school-aged children had had some education, and that about one-third of them had dropped out of school subsequent to their disablement (34). Studies in Botswana indicate that about 5% of school children are affected by chronic otitis media, and about 12% show signs of active trachoma (35).

14. In Pakistan a considerable number of studies of school children's health have been carried out in an uncoordinated fashion by medical college students and other bodies, producing results with wide variation on the basis of differing criteria. For example, among four studies conducted by competent researchers in the Peshawar region, the sole category common to all four was that of "squint", and considerable differences were recorded for this category alone (36-39).

Nevertheless, in spite of the lack of strictly comparable data, the picture that emerges is of large numbers of school children suffering from anaemia, malnutrition, dental problems, defective vision, blocked or infected ears, all varieties of intestinal worm, chronic respiratory conditions. Whatever may be the rights and wrongs of the present education system, it is amazing that pupils in such poor condition can get any benefit at all. It is hardly surprising that more than half of them drop out of school after a year or so, if they cannot hear or see what is going on, and their attention is diminished by poor nutrition and the sapping effect of chronic infections and infestation.

15. In addition to the physical ailments and disabilities noted above, there is the further hazard of psycho-social disorders, which have been studied in Islamabad (40), Lahore (41), and New Delhi (42), and which indicate some of the "invisible" problems suffered by children from disturbed, impoverished and discouraging home situations. Prabhu (43) reports a number of studies of Indian school children in which proportions ranging from 0.08% to 14% were mentally retarded, defined in various ways. Verma (44) studied children in primary, middle and high schools at Nagpur, reporting the prevalence of mental retardation as respectively 1.7%, 0.3% and 0.08%. The sharp falling off of these percentages would be consistent with increasing academic demands. (Indeed, the 0.08% of mentally retarded high school students comprised one child out of the sample population of 1,338!) It may seem surprising that some verifiably mentally retarded children are promoted year by year into middle school. However, a certain number of those who cannot pass exams may have rich or influential parents who are able to secure the promotion by other means. Alternatively it may be the case, as reported from rural Costa Rica (45) that up to a certain level pupils are promoted automatically year by year, regardless of learning disabilities.

16. These problems too often are suffered in extremely unpleasant school conditions. An Indian writer referring to his country's primary schools points out that "Once we have registered that over 50% of the primary schools in the country do not have a concrete structure or drinking water facility or playground, that 40% of the schools are without blackboards, 70% without libraries, and 85% without lavatory, all that remains is to wonder how teachers work under these conditions." (46). Unfortunately, those conditions are all too commonly found all across Asia and Africa.

17. In these circumstances it is hardly surprising that throughout the developing countries of Asia the schools fail to retain children to the completion of even the first educational cycle. Studies on the causes of educational dropout in Pakistan some twenty years ago have been examined in detail by Asberg (47) and there is little reason to believe that the current situation has changed very much. Prominent among the causes were: poverty, lack of parental interest, harsh discipline and attitude of teachers, child labour, difficult courses, defective teaching.

d) What takes place?

18. Descriptions of what actually and practically takes place in planned integrated education in developing countries are few and far between. The following are therefore given at some length, under different categories, gleaned from Bangladesh, Bermuda, Brazil, India, Indonesia, south Italy, Jamaica, Malawi, Mexico, Philippines, Taiwan, Zambia.

(i) The blind pupil

19. In the village of Manggahan, Southern Bandung, I meet Mohammad Marzuki, 24 years old, a graduate of the Teachers School for Special Education in Surabaya, East Java. Along with 27 other teachers from 12 provinces, he had undergone special training for his work, and has since then been assigned to primary school in this village, next to a social institution which houses handicapped children. The school has 344 pupils, of which 5 are blind. One blind girl is attending preparatory classes before entering first grade. Marzuki tells how the blind children go through the process of integration.

"When a blind child is brought to this school, he or she is first taught what we call basic skills, which includes orientation and mobility, creativity and the Indonesian language. The child enters what we call the preparatory period, depending upon the progress of the child, he or she is then enrolled in the first grade. In class, the child is treated virtually like a normal sighted pupil. The teacher says aloud what is being written."

"What if the teacher forgets or what he or she says is inaudible?" I ask.

"Well, we thought of that, and always place the child next to a bright pupil who will say out loud what he or she is copying down from the blackboard."

"What is your role?"

"While the clases are underway, I have no contact with child. We feel the child should not receive special attention while in class."

"What if the child cannot follow the lessons?"

"The child will come to me after class, and tells me which parts of the lessons he or she could not understand, and I go over the same material with the child until he or she understands."

"How are they doing?"

"Very well, very well indeed."

Marzuki is in close touch with all the teachers who have a blind child in their class. The teachers have been conditioned by Marzuki

> to accept the child as any regular pupil, and should there be problems, the teacher concerned always consults him. The work of every blind pupil is first handed over to Marzuki who will "translate" the braille into Latin letters for the teacher to mark. Blind children who cannot follow the lessons completely are excused from class and given special tutoring by Marzuki. Subjects which do not require braille, like Religion, Civics, Physical Education, Arts and Crafts, are taught by Marzuki who operates a small shop and has his own room for that purpose. Marzuki also prepares braille learning materials using a special braille typewriter provided by Helen Keller International for each special education teacher. While Marzuki is not a class teacher, he is nevertheless kept very busy overseeing the project in this quiet village in the heart of West Java.
>
> The Integrated School Project is continuously looking into innovative ways to increase the speed of learning of the blind pupils. For mathematics, for instance, blind children are taught the use of the abacus, which are modified with some braille markers. Braille textbooks are being introduced which correlate with the latin lettered versions, so that when a teacher refers to a certain page or problem in a mathematics book, for example, the blind pupil can follow along like all other pupils. Another innovation still under study is the use of "shorthand braille", which allows common words and phrases be expressed in short braille combinations. These and other developments promise a better future for the project. (9).

20. A somewhat briefer description is available of similar schemes in the Philippines (48) and Malawi. The latter is stated by UNESCO (49) to be "very suitable" for rural regions of Africa and Asia. This system of having access to a special teacher is described in detail by Geoffrey Salisbury (50) on the basis of twenty years' experience in Asia and Africa. He states that "Twelve to fifteen children is the maximum number of blind children a specialist teacher can handle properly", and that these will tend to divide into three groups: a) those in the preparatory stage, who spend almost all of their time with the specialist for difficulties; b) those who have settled well into ordinary classes and consult the specialist for difficulties; c) those in between, and those who are experiencing difficulties in adjustment. Many countries in fact prescribe a limit to the number of handicapped pupils who may be taught together in a single class (3).

(ii) The deaf or hearing-impaired pupil

21. The education of deaf and hearing-impaired children has been the subject of numerous controversies for the past two hundred years, and the possibility of educational integration has given a new impetus to these battles. The following points of view (51) based on experience in north India, have some relevance to the situation in Pakistan.

22. Views of parents of hearing impaired children

In a survey of 150 prelingual hearing impaired children only 88 had some sort of medical diagnosis. Out of these 37.5% were enrolled in 'hearing' schools while 17.1% attended special schools. The rest were undecided or too young to attend school. The parents who had their child in the 'hearing' school had a sense of achievement and satisfaction. Although they had no guidance from special educators they felt confident that they were doing the right thing for their child.

What happens to the child in the hearing classroom

The diagnostic clinics generally label them "Deaf-mute" or "Deaf and Dumb" and do not differentiate to a great extent, the hard of hearing and the profoundly deaf groups. The assistance given by the parents help in the initial years, however, with no proper support system available, many of the hearing impaired children drop out after a few years. In this time they have however developed better language and do not use any sign language. They are emotionally more stable and their interaction with 'hearing' society is natural.

Basic human rights

Mainstreaming without fail provides basic human rights to the hearing impaired children in a proper way. Education, knowledge, information and status in the general society is not withheld. The interaction between the peer group is natural, healthy and constructive. Mainstreaming indirectly also educates the hearing peers and the society.

Existing 'hearing' school system

The existing education system for the 'hearing' children may not be the best in the world but it has been put to trial for many years. The education in the 'hearing' school in India is very formal and this makes it easy for a hearing impaired child to be at par. The parents can go through the next day's work in advance as they know the curriculum and the schedule.

In a segregated school programme the expected achievement and actual achievement is in the knowledge only of the school special educators and the parents. The achievement goals may be set as per the teachers' ability or the school's ability. In mainstreaming the achievement goal itself is in successful mainstreaming and the direct comparison with the hearing peer group is readily available for observation to the hearing school teachers and parents of 'hearing' children. The progress made by the hearing impaired child is closely watched by the 'hearing' school teachers and will be the topic of discussion in the staff room. This should not deter the special educators because the 'hearing' school education system itself has many failures and dropouts. The education of the deaf is complex and to be among the 'hearing' peer group is a healthy situation which is congenial for the hearing impaired child. In mainstreaming, the parents of the hearing impaired child and the 'hearing' school teacher are as much part of the team, as the teacher of the deaf. The declaratio of the goal is as much a responsibility of the 'hearing' school teachers and the parents of the hearing impaired child, as of the teacher of the deaf.

(Prem Victor)

23. A different view (Gupta)

With these objectives the programme of integration may be the crying need of the hour but it should be launched with caution, imagination and resourcefullness. The specific needs of every child should be carefully assessed and every child should be placed in a programme which will meet best his needs.

(i) Early training of speech and speechreading, leading to satisfactory acquisition of spoken and written language.

(ii) Orientation of teachers and class students of regular schools regarding problems of deafness.

(iii) Good seating arrangement in the class.

(iv) Public awareness about implications of deafness.

It will be necessary to determine the extent to which an individual is capable of following speech in the noisy room and the large class conditions of regular school as in contrast with the much more favourable conditions of a small class and specially trained teachers in a school for the deaf. If the deaf child can adjust himself and everything goes well he should definitely be integrated with hearing children.

Under the prevailing conditions of our society only a few can fulfil these conditions. Those who are illiterate and poor (and unluckily we have a big majority of such people) and are not in a position to purchase and maintain hearing aids properly cannot train their small children in speech and speechreading. Early detection and diagnosis can be possible. But how are we going to replace the un-educated, un-willing or helpless parents and change the family conditions? Besides all this, there is the individual factor with each child such as co-operation and motivation etc.

24. The rather frank (and consequently very helpful) report on education of deaf persons in Zambia (52) approaches the process of integration from several angles and indicates some of the problems that can arise during a transitional period when policy is one thing and practice is something else. It illustrates in fact the results of deciding on the policy without adequate preparation and resources being made available. Some deaf children and their teachers were put to heavy daily transport expense and unproductive use of time. Necessary hearing technology was not available. Pressure of competition with peers in an exam-orientated system pushed some deaf pupils to mental

breakdown. Communication problems with hearing pupils exacerbated the feelings of isolation. Resource teachers were unable to cope with the academic range of middle and high school curriculum. Constraints of classroom space, and real or imagined discrimination on the sports field, discouraged the deaf children and made them feel unwanted.

(iii) The mentally retarded pupil

25. While Italy is not generally regarded in the category of "developing countries", nevertheless some parts of southern Italy are extremely poor and backward, more so than some parts of the "Third World". The radical system of educational integration introduced in the past ten years is therefore of greater relevance to the developing world than, for example, that of Sweden or U.K. It is possible for the mentally retarded pupil in an ordinary classroom to make progress at his own speed, while participating in the class as a whole. The following extract is from the text of an audio-visual presentation (53):

26. Education of handicapped students in ordinary classes (Italy).

Francesco is a 12 year old boy attending an ordinary class in the first grade of the lower secondary school. He is one year older than his class-mates.

Francesco is a boy with Down's syndrome and, in addition to being mentally retarded, he has serious visual and speech impairments. He is one of some 70,000 Italian handicapped pupils attending ordinary schools.

A pupil is sitting at the teacher's desk explaining to his class-mates the work he has done on the blackboard when Francesco begins to create a disturbance. The girl that goes up to Francesco convinces him, by touching him and showing acceptance and affection, to go back to his place and wait his turn.

The teacher sitting at the back of the class does not intervene during this episode.

Here students are in a music lesson doing rhythmic exercises. When Francesco does not respect the pauses, the boy next to him helps him by quietly laying a hand on him for the length of the pause.

Teaching includes group and individual work, with individual activities usually following the group activities.

While pupils are engaged in individual activities, Francesco may have help from adults, although he seems to prefer to be helped by one of his classmates.

The class is divided into small groups and each one is asked to write a report on an Italian town. Francesco is in a group that chooses Venice. Some of the pupils have been there, but they also consult their geography book to find further information.

Since Francesco is mentally retarded, he has noticeable difficulties in this mathematics lesson. The class is dealing with linear measures, and the aim of the lesson is to lead from individual empirical measuring to an understanding of the concept of measure itself, from concrete to abstract reasoning.

Pupils are divided into groups of four, and each pupil measures one side of a large cardboard square using whatever instrument he prefers. One boy uses his shoe, others are using a pencil, their finger, a box, their open hand, etc.

A girl suggests that Francesco use the little fan which he carries around as a measure unit and he accepts the idea. The teacher helps him to make a suitable fan out of cardboard.

Francesco measures the side of the square by drawing an outline round his fan as many times as needed to cover the length.

He performs his task carefully and is able to count the fans he has drawn and to write the results on a general schedule summarizing the work of the whole class. But even with help, he cannot cope with the second step, so continues the work in a different direction.

While the other students discuss what they have done, the reasoning behind it and "discover" the metric system, Francesco colours in all the fans he has outlined.

27. Clearly, this approach can be very successful given modern educational methods and attitudes. A comment from Bermuda (31) indicates some of the difficulties where programs are traditional and resources scanty:

28. Children with a moderate degree of mental retardation may find it possible to attend the government or private nursery schools and move on to the regular primary schools at five years of age.

Frequently, however, these children quickly become frustrated with the regular infant level programme because the regular school programme is too difficult for them and, furthermore, the size of the classes make it almost impossible for such children to receive the kind of individual instruction that they need in order to progress at school. As these children are identified by the teachers and principals, they are then referred to the special services staff at the Department of Education for individual testing. When the test results indicate that the child will require a special education programme, the parents are consulted and their approval is obtained prior to placement in a special education programme.

29. Even in Italy there is some question about the suitability of the more severely handicapped child being in normal classes (54):

30. Parents of normal children were afraid of integration at the beginning; when they saw how it works in the class (and they were invited to see it) they accepted integration and welcomed it. They

> felt that the individual attention given to the handicapped child led to more individual attention being given to their own children.
>
> However, a number of questions remain unanswered. One wonders, for example, about care of a child we have already met - Vittorio, who is profoundly retarded and a very withdrawn autistic child. Is an elementary class really the best solution for him or would he be better cared for in a small group of peers, with a rhythm of life more suitable to his needs? Clearly a school which integrates such severely handicapped children might fail to meet the special needs of a minority. But would they be better off elsewhere? Meanwhile, the normal children have accepted him and Vittorio's parents are grateful that he is in this school, while the majority of the teachers felt, as the Director of the school did, that he is a human being with his own rights.

31. One compromise effected in Bangladesh, used also in a number of other countries, is the "school within a school": "The Society for the Retarded searched until it found an existing regular school that was willing to act as host. A hut in the playground was made available, refurnished by the society and now serves as a facility for retarded children." (32) In the Philippines, the "gradual approach" is utilized, towards goals that give higher priority to social rather than academic competence (48):

32. THE MENTALLY RETARDED

> The general goal is the development of both academic skills, and personal, social and vocational competence. There is a reduced emphasis on academic achievement as compared to regular education and a stress on occupational and social adequacy. Integration or mainstreaming as practiced is done gradually. Introduction to non-retarded children is initially accomplished in all levels, in non-academic subjects such as physical education, arts and music. In the academic areas, integration is done by the subject, only after a careful and thorough evaluation of the pupils' progress. With the assistance of the guidance counselor, pupils are integrated either in reading and mathematics. In the intermediate level integration is done in the industrial arts and home economics periods.
>
> There is a careful selection of regular teachers with whom the mentally retarded are placed. Periodic conferences with the regular teachers are required with the special education teacher acting as consultant. Through various linkages with civic agencies such as the YMCA and the Red Cross, activities are planned to enable the mentally retarded to exerience recreation experiences without being hampered by their disabilities. By socializing with the people in both the school and the community, another aspect of normalization is worked out.

(iv) Pupils' responses

33. The quotation above from an Italian classroom indicates a very positive response from class fellows; whereas the report of

deaf children in Zambia spoke of some friction due to poor communications. A study of young children in India reports as follows (55):

34. The 'integration' programme was offered to 15 mentally handicapped children during the year 1981-82 to find out the adjustment of the disabled children with the normal children. The integration experiences consisted of different recreational activities like play on the nursery ground, story, music and dancing, creative activities, play in the doll corner and block corner, field visit and lunch, etc. Those activities were selected based on children's age, ability, adjust with the group and their interest.

The results of the experiment revealed at the end of 9 months, all the children were seen to have adjusted with nursery school children, they developed the sensitivity to group norms and behaved accordingly. All the children showed preference to play with nursery school children. In almost all the children, it was observed that the integration provided an opportunity to express their emotions positively and increased confidence and interest in participating maximum during the programme. They expressed satisfaction of getting enjoyable experiences with nursery children.

The data regarding behavioural change in normal children showed that at the end of 9 months all pre-schoolers had socially accepted their handicapped peers, though the degree of acceptance varied for all children. The subjects who were well accepted, had a physical appearance and behaviour characteristics which were similar to the group they were integrated in, and thus, did not stand out as different or atypical. It was also found that non-aggressive and co-operative children were easily made part of the group, whereas reluctance to associate was observed in case of aggressive children.

35. Similar findings are reported for the Philippines in a detailed study of pre-school integration (56):

36. Other observations revealed in anecdotal records seem to show other benefits of integration on the non-handicapped children and even on the regular teachers of classes where the mentally retarded children were integrated. Reactions of parents of both the handicapped and the non-handicapped to integration were likewise noted to be generally positive.

Integration and the Three Handicapped Children. The observed interplay of the subject's reactions and interactions with the normal children, with their regular class teachers and with the other environmental factors in the integrated class although not shown and represented in number laden tables and figures - proved to be decisive in interpreting the change effected.

The anxieties of the researchers and staff on the probable negative effects in the placement of the subjects in the midst of the normal children changed into positive optimism even during the critical adjustment period. Except for perhaps a few initial "with rawals-to-a-corner", no observable negative effects were noted.

Two factors were seen to have contributed to the much improved behaviour of the subjects in the integrated class. These include:

a) The subject's ability to imitate enabled them to see behavioral models in the normal children with whom they have gradually identified themselves. While in the special class they see much maladaptive/undesirable behaviors, in the integrated class they are exposed to generally acceptable modes of conduct and normal patterns functioning.

b) "Group pressure" of the normal children on the handicapped may also have their effects. Such pressure to conform takes the form of direct physical and verbal promptings, e.g. calling them to join the group activity; holding their hands if necessary.

Also noted are the reinforcing behaviors of the non-handicapped which considerably enhanced the desirable behaviors of the Subjects, such as: clapping, smiles and laughters, expressed appreciation and approval, cheers of acceptance, etc.

Integration and the Non-handicapped Children. During the initial days of integration other children may have expressed their impatience and dislike for the handicapped in their group, because they have somehow disrupted regular class activity by their slow responses to teacher's instructions and the considerable attention given the special children.

The normal children's concern for the handicapped member of the class is evident in the spontaneity of the helping behaviors extended the latter. Such awareness and sensitivity to the needs of others will certainly prove contributory to their social development.

A non-handicapped pupil seated next to a special child took it upon himself to be his big brother. Among other "helping behaviors" he would extend to him include seeing to it that he conforms to the group's activitities. Again the development of the normal child's sense of responsibility and achievement is definitely the end result. Thus, slowly built into his being is a sense of worth and dignity as an individual.

37. The variety of peer-response, and its perception by the disabled child, is well illustrated by a physically disabled Taiwanese psychiatrist recalling his primary school days (57):

38. "I could not take part in any of the activities. All I could do was sit all day long and watch my classmates laugh and play. How I longed to be like them! The hardest thing to bear was the jibes of my classmates at my expense. They made fun of me and played jokes on me, so much so that I came to dread going to school...

...my parents' love and concern made me want to repay them by

> studying harder and when I eventually graduated from Ta-Tung Primary School it was with top marks. I shall never forget how my classmates carried me up to the platform to receive my award. On that memorable occasion, not only did I feel gratitude to my loving parents, but even more to the principal and teachers who took special care of me and taught me, and my classmates who also helped me in so many ways".

39. A very similar report is recorded by a disabled Jamaican minister of religion concerning his school days (58), with the addition that before reaching the stage of winning prizes he gained the respect of his peers by becoming one of the tough fighters and the "bad men" of the school! Indeed, as David Werner points out on the basis of lengthy experience in rural Mexico (59) the disabled pupil integrated with non-disabled children may feel the need to gain attention in order to compensate for what would otherwise be "second-class status". Attention may be gained by academic prowess, or by unacceptable behaviour, or both.

40. That this is not inevitable is demonstrated by the report from a disabled Brazilian lady, who begins by pointing out the curious and unpleasant scrutiny she underwent continually from her village neighbourhood children. Yet she states that her schooldays were remarkably normal and that she never gave any thought to the problems until an adult questioned her. She then became aware that she and her classmates had adapted without any self-consciousness to her disability. (60)

e) Recommended policy and practice

(i) Diversity and existing resources

41. The very great variations between developing countries, in respect of their present educational system, resources and ideologies, render difficult the formulation of general policy recommendations. An educationist from Hong Kong (61) expresses these reservations and suggestions:

42.

> 1. There is no single pattern that will fit every community. A system which works well in one community may be impracticable in another due to temporary constraints such as finance, availability of trained personnel, priorities for the community, public acceptance etc. The history of development of special education is a good lesson as the tide is now turned against formerly well endorsed practices such as segregation, institutionalization, and categorization. So instead of being apologetic about their provisions, I think developing countries are actually better off in some ways because they can learn from the mistakes of the developed countries and can make choices based on their own communities' environment and psycho-socio readiness. As long as they take actions which are natural to their own millieu with full awareness and long-term perspective of why and what directions they are going, I think it makes more sense than merely echoing and imposing foreign practices and policies upon themselves.

2. The range of educational provisions I just mentioned are by no means exhaustive. For communities which are developing additional provisions, it seems more practical to consider establishing a system by using as far as possible existing resources, especially in buildings rather than trying to make heavy demands on available resources of the community for the sake of expensive innovation. After all, good educational systems are not just bricks and cement. We can begin with small, well planned units, and then improve and expand from these cornerstones. However, if we were to have the opportunity to make a fresh start, it would be better to start with motions towards normalization and generalization or else, people will be conditioned from the onset to be too ready to separate and segregate the handicapped.

3. Capabilities of the handicapped, particularly that of the mentally and multiply handicapped, have yet to be tapped and developed. The effect of early intervention is now unfolding exciting possibilities and potentials for educational developments for the handicapped.

4. Educational planning for the handicapped, evaluation of effectiveness in the delivery of educational services, programmes for improvement and further action will be more effective if formulated and monitored by working parties involving all related disciplines and personnels including the parents and whenever possible the handicapped themselves.

5. Last but not least, no educational system is comprehensive if it lacks continuity as the pupils progress from one age and stage to another. Nor will the system serve its aims if its boundaries are so rigidly defined and guarded that the sub-systems become package-deals which do not allow for easy and flexible change to cater for the needs of the pupils for whom the system is designed.

43. The tide in educational trends referred to above is further expounded by a Zambian psychologist (62):

44. Finally, a major resource for the habilitation of disabled children is the mainstream school system. The concept of special education for disabled children was largely inspired in the West by a dissatisfaction with what could be achieved for such children in the ordinary school. But as the system of special schooling became progressively institutionalised, many undesirable consequences of segregating disabled children became apparent, with the result that integration has become a key principle in the planning of future special educational provision in the West. In the many Third World countries where a regular primary school system is in place and no specialised educational facilities are accessible, admission of a disabled child to the local school offers the prospect of many benefits irrespective of whether she will be enabled to follow much of the academic programmes. It provides an opportunity for the child to learn to associate with other children, to take responsibility, to follow rules, to form friendships, to feel part of a community. Much of this can be achieved with minimal guidance from the teacher, by a judicious organisation of peer support. The professional orientation of teachers

> towards the stimulation of children's intellectual and moral development is a community resource of which it seems especially unjust to deprive disabled children simply on the grounds that their enrolment poses some administrative problems. One of the challenges posed by community-based (re)habilitation initiatives concerns their impact on public attitudes towards disabled people. Will the increased visibility of children with severe disabilities in settings such as the mainstream school lead to a growing sense of public responsibility for their welfare? Will this, in turn, serve as the thin end of a wedge to open up broader issues concerning the significance of education? The need to adjust one's teaching to the demands of an exceptional child's education might serve as a critical stimulus for mainstream teachers to begin re-appraising their role in the socialisation of all the children in their care.

45. Since 1981, the International Year of Disabled Persons, the great majority of developing countries have made some degree of commitment to integrating their disabled population with the rest of the community, on terms of dignity and equality of esteem. In some countries, integrative efforts are begun at pre-school age, when the type of activity is normally informal play education that allows greater latitude for individual variation. Also, at this stage the gap in abilities between the handicapped and non-handicapped may be less pronounced, and the infants themselves less curious and discriminatory concerning disabilities. In other countries, particularly where attitudinal barriers are great and where pre-school education is negligible, integrated action may be delayed until the school years. Or it may be thought that by this time the achievement differential is so great that disabled children would be permanently struggling to catch up; therefore it is wiser to give them several years of separate special education, or a complete cycle of separate education, with a view to their integration on competitive terms in the field of employment as young adults.

(ii) Adequate preparation and experiment

46. Whatever system and approach is being adopted, the accumulated experience suggests that it is sensible first to experiment on a modest scale (63) and to make adequate resources available so that each experiment is given a reasonable chance of success. At the same time, there should not be so many special factors as to make it impossible to replicate the experiment more widely. Certain basic principles of preparation seem to be common to most successful schemes: adequate consultation with and briefing of, the teachers who will be concerned with integrating handicapped children; some prior notice to the non-handicapped children, carried out in the positive, informative manner that does not stigmatize the incoming children; adequate liaison with the children themselves and their families; some sort of initiation phase with strong support, so that pupils do not find that they have been thrown into the deep end and left to sink or swim.

(iii) School environment

47. Basic advice on adaptation of school buildings in developing countries is available from Unesco's Bangkok office (64) and can be supplemented by other publications of the U.N. and national organizations (65-68). Unquestionably these documents would repay close study by Ministers of Education around the world. Even if a country has no immediate plans for integration, it is sensible to begin designing all new school buildings in such a way that they will readily be adaptable later on, with virtually no expense. To build-in easy access, good lighting and acoustics, safety design in floor and wall surfaces, etc., is a gift to all pupils and staff whatever their ability or disability.

(iv) Staff education

48. A report from Africa (62), having enumerated many proposals and recommendations, states that:

49. Problems as well as advantages were recognised in all of these strategies. It was recogised that most of them call for additional resources of personnel. In addition, great importance was attached by many participants to the need for orientation of serving teachers, through seminars, in-service courses and specialised, mobile support personnel. The basic training of primary school teachers should include information not only on how to identify children with learning difficulties and on the specialist services to which they can be referred, but also on how to adjust one's teaching methods to their special needs and on how to manage their education within a mainstream school setting.

50. The teacher is the essential hub or pivot around which the traditional education system revolves, and almost certainly the ultimate success of educational integration in schools will require reaching back into the earliest days of the teacher's own training and attitude formations. For this, some supervised practical exposure to pupils with learning disabilities is both crucial and revealing. Those teachers who imagine that their job consists of standing in front of forty children and delivering short packets of known facts, when confronted by a pupil who takes in nothing by this method, are likely first to blame the child. If the teachers are placed in a situation where they are required nevertheless to teach that child, a Copernican revolution of thinking is required: the teacher, and the act of teaching, cease to be the centre of the educational universe. Instead the pupil and the process of learning become the primary focus. If a pupil learns nothing by the traditional methods of chalk and talk, repetition and stick, the teacher is obliged to re-examine his or her approach and to consider how it is that children ever learn anything -- what are the mental and social processes.

51. It should be realised that much of the radical change which has transformed western educational methods over the past 50 years derives from ideas initiated with handicapped children. European schools

used to be gloomy halls full of painful desks in which children slaved at memorising textbooks. Thanks to discoveries by teachers of the blind, deaf, mentally and physically handicapped, these schools are now full of light, colour, stimulation, aids to thinking, apparatus with which to create, experiment, reach out and take hold of facts instead of having them painfully beaten in through ear drums and inky fingers. The reason is that when faced with handicapped children the teacher is forced to think for once of how things appear to the child, and how the child may best learn, rather than simply passing on with little enthusiasm what the teacher himself learnt tediously thirty years beforehand (68).

52. Considering these factors, a group of professional educators in Venezuela produced a radical document on staff education for special children (24). Examining the effects of segregation and over-categorization of the disabled, the document points out some implications for staff training:

53. If we accept the traditional/historical classification of children with special needs by categories based on primary identifying symptoms, then recommendations concerning the nature of professional training undergone by teachers should incline towards many specific subjects, highly segregated training programmes and markedly distinct courses.

If, on the other hand, it is held that the similarities between individuals are as important as their differences, then the implication for vocational training for teachers (and others who work with children with special needs) will be a shift of emphasis towards a more integrated or general curriculum, with a core curriculum for basic training. Experiment, research and theory all converge towards this point of view.

To the extent that, historically, the distinguishable categories of children with special needs have certain characteristics and requirements in common, teacher training should also have common features. Likewise, in so far as children with special needs, as a group, share certain characteristics with "normal" children, so the training of special teachers and regular teachers should have some common features.

Teachers in special education should have a firm grounding in psychology and child development. They should be competent in the teaching of basic skills for "normal" children. They should have practical educational experience or at least a certain amount of previous contact with "normal" children. (Naturally, it is essential that all teachers should, during their training, be made aware of the requirements and characteristics of children with special needs). All teachers, and especially those of children with learning problems, should develop their ability to explore, assess and diagnose the reasons for a child's inadequate performance at school and, on the strength of that assessment, devise teaching methods to attain a particular objective or modified objective. The teacher should observe, analyse and cater for each pupil individually.

(v) Casual integration?

54. It is interesting to note that among a considerable variety of literature surveyed, there is in no case any mention of investigation of casual or undesigned integration. In many countries it is taken for granted that some disabled children attend ordinary schools in an unplanned and unsupported way. The literature gives no clue that anyone has thought this an interesting phenomenon, or has looked further into it with a view to discovering how those disabled children get along, and how they might be encouraged. When the present study has been published, the author will be interested to see if it serves to unearth any previous work of a similar nature.

f) Integration in Pakistan

(i) Lukewarm reponse

55. Planned educational integration in Pakistan receives a few brief mentions in the rehabilitation literature of the past five years. The Sixth Five Year Plan (1983-88) contains a passing mention of integrated teaching facilities among the "major policy shifts" (70). Unfortunately, in the published edition of the Plan a crucial line or lines are missing (p.487) where some details of integrated education are supposed to be given. The printer's error perhaps reflects the uneasiness of the Government in facing a policy shift which it knows to be in the pipeline but of which it does not know the full dimensions and implications.

56. It is evident that nobody actually knows how many schools have a policy of integration, nor how well they function. A UNICEF overview (71) of disabled children in 1981 states that:

57.

> Integration of disabled children within the regular educational system has been found to be almost non-existent, especially amongst the mentally retarded and the deaf-mute. A very small percentage of the blind and the orthopaedically disabled manage to obtain admission into the regular educational system and that too by dint of sheer will power, hard work and determination not to give up.
>
> There are two main reasons for lack of integration. Firstly, disabled children are either left at home or, if they are "fortunate", are put into a special institution which caters for their particular disability. Here they are amongst others also suffering from the same disability and, while they may learn to adjust with these, they are cut off from other, "normal" children, which decreases chances of subsequent successful integration.
>
> Secondly, regular educational institutions themselves discourage integration, on the plea that disabled children need specialized care/training materials, for which they have neither trained personnel, nor funds, nor time to spare. A notable exception is Asbar's School, a private primary and secondary school in Peshawar (NWFP), which is a model of integrated education.

> The Government does have a policy of promotion of integration but, like a number of worthwhile policies, it is mostly just that. The Ministry of Education has established a Special Education Cell in Islamabad, with offices and staff in the four provinces, but these currently lay more emphasis on provision of specialized education/care/equipment/personnel, than on provision of facilities for integration, which is considered to be a concept too innovative and "advanced" for present Pakistani requirements.
>
> As far as integration is concerned, it is generally considered to be a secondary factor in Pakistan - unless disabled children receive initial specialized care/diagnosis/treatment/rehabilitation (especially the mentally retarded), it is not considered possible to work for their integration, either in the overburdened, short supply, regular education system, or in employment prospects. In industrialized countries, where there is universal education and comparatively less unemployment, there are greater prospects of successful integration which is not presently the case in Pakistan.

58. A report from the Punjab (72) states that "parents of the moderately retarded children unaware of the handicap of their offspring, keep them pushing for harder work in ordinary schools without professional help. The result is not only unhappy parents and teachers but miserable youngsters who get emotional handicaps superimposed over their mental handicaps." The same report estimates that about ten ordinary schools in the Punjab are taking some blind children for integrated education, and recommends that the number be stepped up considerably.

59. Concerning parental perception of disability in school children, a survey conducted in Lahore (73) reports widespread ignorance:

60.

> In the existing educational institutions, there is mounting dissatisfaction among parents and teachers alike with the low grade results. Usually there is very little collaboration between parents and teachers. There is no liaison between schools and health agencies for the health care of children. This results in delayed detection of many illnesses and disabilities. This drawback also contributes to poor perception of problems of the children and lack of public awareness.
>
> Very few parents came out with any statements about the behaviour and emotional problems of their children. The adjective, which was commonly used to define their difficult behaviour, was "stubborn". Regarding the educational achievements, most of the parents expressed half-hearted satisfaction with the records of their children at schools. There were some parents who took the opportunity to praise the intelligence of their offspring even if there was no clear evidence for it in the school results. Most of the anecdotes related were about the children's witty remarks at home. There was generally no perception that mental retardation could be a possible cause of slow learning. The parents complaint in cases of suspected retardation evolved around the concept of

> weakness which in their opinion had affected his performance or he was considered simply lacking in attention.
>
> In spite of parental concern for the health of the children, there was a lack of perception of special defects in the senses of hearing and sight. Very few parents in Pakistan would consider the possibility of the need of their children to wear glasses or hearing aids. If the child is found sitting too close to the T.V. he is asked to sit back and not spoil his eyesight without considering the need for a checkup. If a child keeps holding the books too close to his eyes for reading, he is told to give up this bad habit. In the case of lack of response to calling, the behaviour is attributed to lack of attention.

61. Two conference papers delivered at workshops in Lahore (74,63) are entirely devoted to the subject of integration but unfortunately confine themselves to general guidelines derived from western models rather than reporting on specific realities of Pakistan. No doubt the authors, being aware of the dismal condition of the ordinary education system, had little confidence in the success of the practices they were advocating. The first paper (63) even discoursed upon "reverse integration" whereby some non-handicapped might be admitted to a special school. Such a practice is uncommon in western countries. In the developing world, the sole mention of it found in the present review was of an experiment in the Seychelles (17).

(ii) Developments in Sind Province

62. Despite the lack of documented educational integration in much of Pakistan, there have been some interesting developments both by the Government (75) and an N.G.O. (76) in Sind, reported verbally at a recent national consultation. During the past 5 years a growing number of special education units have been attached to ordinary Government primary schools, by the expedient of constructing an extra room adjoining existing school premises. Some pupils with disabilities have been taught in these units by competent teachers who had received some additional inservice training courses in special education. The "integrative" features are initially the physical proximity and common playground. As the pupils' individual abilities become apparent, some of them join their non-disabled peers in the adjacent classrooms for specific lessons, and subsequently some of them become more fully integrated with the mainstream. It appears that approximately 2,000 handicapped pupils are thus being accommodated in the educational system in Sind Province.

63. In Hyderabad in particular, the need for extra help and a more favorable teacher/pupil ratio has been tackled by a remarkable and imaginative involvement of the local community. For example, at a school for 130 pupils among whom 22 are mentally retarded, the efforts of the 5 appointed teachers are supplemented by more than 100 volunteers each of whom gives 1 or 2 hours per week according to a rota system. Professionally qualified persons,

educated ladies, technically competent persons, all give their time, energy and enthusiasm under direction of the school management, to make a success of the educational integration program. It appears most probable that the benefits of this involvement are not confined to that school and its pupils, but will have a far-reaching effect on the attitudes of the community at large.

64. The logistical and longitudinal problems of building "integration" into an existing centrally-controlled network of Government schools and teachers are not negligible, and the full phase of innovation will last 15 or 20 years, from primary entry to completion of tertiary education (for those who achieve such success). The present experimental program has reached the stage where disabled pupils who entered in the first year of primary school are approaching middle school. Further efforts are being made each year to build more special units, give special training to more teachers, adapt and modify the curriculum, and monitor progress.

(iii) Attitude studies

65. Previous studies at the Mental Health Centre (77) shed some light on aspects of integration. In the spring, 1982, reported attitudes of the general public towards disabilities and disabled persons were investigated using personal interview and questionnaire with 286 men, women and children in urban and rural areas of Peshawar district. Among other questions, the following were asked: a) a law has been passed reserving one per cent of government posts for the disabled. Do you think this is fair? b) do you think that seats should be reserved in normal schools, colleges, for the physically disabled? c) in the West, handicapped people used to be kept apart in separate institutions (e.g. Institute for the Deaf, Home for the Blind, etc.). Nowadays handicapped people live like normal people and mix in everyday life and affairs. Which is better, the old way or the new way?

66. The great majority of respondents (97% overall) gave approval to the Government's 1% quota of jobs for disabled persons. The few who disagreed did so on the basis that the disabled would not be capable of doing a proper job. There was no mention of able-bodied unemployed in objection to the quota.

67. Response to the possibility of reserving seats in educational institutions was less enthusiastic, yet still 80% were in favour. There were 48 (17%) who disagreed, on the following grounds: special schools are best for the disabled (10); disabled children will be mocked and teased in a normal school (10); the disabled will get an inferiority complex, or will be unable to adjust (8); the disabled children will not benefit from normal schooling (7); the normal system, children and teachers will be disturbed (6); admission should be on merit only, and standards should be kept up (4); many normal children cannot gain admission for lack of places (3).

68. Urban schoolchildren responded no differently from urban adults on the school seats question. Out of 25 schoolteachers, 18 were in favour and 7 (28%) against reserved seats for disabled children. Reasons against were 'inferiority complex' (3); special schools better (2); normal children mocking or not accepting (2). Teacher objectors at 28% were a little more numerous than the 19% objectors in the non-teaching remainder.

69. Generally speaking, the two questions revealed a commendable openness of response, though the proposed actions would not involve the respondents themselves in much extra work.

70. The 48 objections to reserved seats in schools and colleges fall into three categories: 31 respondents put forward difficulties in implementation; 10 stated that special schools would be better; 7 raised objections of principle. Of the difficulties in implementation, 25 were based on the belief that the disabled children would experience too much difficulty, whether in the work or from the other children, while 6 related to supposed difficulties for the non-disabled children, teachers and school system. It is difficult to tell how many of the objections were in fact rationalisations of prejudice.

71. Response to the question whether disabled persons should be integrated into society or not was predominantly positive (UM 91%, UF 96%, RM 66%, RF 86%). There were 39 respondents who considered that the old way of doing things, i.e. segregation of disabled persons was better. Reasons were stated by 27 of them. Two respondents considered that there should be a balance of old and new. The following reasons were each given by 4 respondents: "integration would cause inferiority complex in the disabled"; "disabled persons are happy together, being the same sort of people"; "disabled persons can be protected in an institution"; "normal people can avoid being disturbed by the sight or the begging of disabled persons". Three stated that special facilities can be provided in an institution.

72. Among the majority, who favoured integration, there were 35 (25 UF and 10 UM) who believed that the inferiority complex would be avoided by integrating disabled persons. Other reasons stated were: civil rights, mutual benefit, encouragement of disabled persons, human respect and dignity, religious duty; in fact the same range that came forward in the 'attitudes' question.

73. Many respondents were not able to give a reason for their response, whether positive or negative, apart from affirming that it was 'better'. A handful were able to see that disabled people are not a homogeneous group, and their needs may best be met by a combination of approaches. However, the question tended to cause respondents to think in stereotypes: thus one reason given for segregated disabled communities was that "similar people are happy together". Considering the stereotypes, there was still a good deal of disagreement about what was best, as witness the fact that 'inferiority complex' was advanced on both sides of the argument.

74. Whatever the underlying feelings and prejudices, it is interesting that the arguments produced against integration by a mixture of village Pathans and Peshawaris sound very similar to those produced in European and American debate of the same subject, in the recent past and even today. The argument from duty could be used on either side: some respondents stated that "God says we must love them", and "They are human beings; God says we must not hate them", as reason for integration. If they had been convinced that a well-run institution was available, they might have produced the same statement in justification for providing segregated services. The 'protection' argument, i.e. to save disabled persons from mockery and teasing, was used on the segregation side, as was the argument for protecting the general public from the disturbing sight of disabled persons and beggars. It is clear that behind the reasons stated there are quite strong feelings aroused.

75. Among the minority favouring segregation, the rural was more heavily represented than the urban population. Possibly there is less tolerance of deviance in the closer-knit community, but it would be very difficult to show that this was in fact the reason behind the urban-rural difference on this question. Some of the responses seemed to indicate that respondents were still pondering on the previous question about special education

76. Some respondents were evidently thinking about disabled children rather than in general terms. Two indicated that integration in society was the ideal, but could best be achieved after the disabled person had been trained in an institution as a child. Others argued strongly for integration on the grounds that a child is better off with his family whether or not he is disabled. As with some of the other questions, a much more detailed series of enquiries would be needed to distinguish all the factors bearing on the response given.

77. These studies hardly constitute a scientific national opinion poll, yet they indicate some degree of public support for both the concept of integration and its practical application in the educational field.

Perspectives from Educationally Advanced Countries

g) Different methods, objectives, starting points

78. As previously mentioned, the copious literature on educational integration from Western sources may be instructive for the future of Pakistan, but has less relevance for the present. Although many of the same problems face Pakistan as were encountered by the educational systems of Western countries at different times, the resources, methods and objectives are different.

79. One quotation was given in a previous section from southern Italy concerning integration of a mentally handicapped child, on the grounds that the socio-economic position of that region

was comparable with that of many Third World countries. Yet even that quotation demonstrates some outstanding differences: the educational structure is built around the pupils, who act and learn on their own initiative within certain guidelines laid down by the teacher. The children exercise choice, they invent their own apparatus and use it to solve problems, they use their own judgement. Further quotations from the Western classroom would show pupils asking the question "Why?", challenging the teacher's knowledge and being encouraged to pool their own experience, study their environment and explore the school library until they satisfied themselves, or being taken further afield to search for and to differentiate the known, the probable, the possible and the unknown.

80. All that activity would be revolutionary in the classroom of Pakistan, the Middle East and much of Asia, where schooling is seen and believed to consist of the transmission of a fixed body of known and tested data which can be written, memorised, examined and certificated. The Secretary of Education for one Province of Pakistan, on being told that special teachers need to be able to think and use their initiative, closed the discussion by stating that "Thinking begins after the M.A. degree". Unfortunately he was not joking. It is patent that the present ordinary education system actively and actually discourages and prevents children from exercising their powers of thinking, choice, discrimination, judgement. This is of course evident to everyone in the education system who has "passed M.A. and begun thinking", but no solution is apparent unless the Government finds itself able to realign its budget priorities.

81. Decisions about educational integration tend to be taken on a mixture of pragmatic and prescriptive factors. It is likely that the more successful educational innovations are those which achieve the best balance between what can be done and what should be done during a given period of thought and practice.

82. The underlying philosophy guiding educational practice in Pakistan is far from identical with that of the Western world; indeed it would be hard to find an exact parallel anywhere in the world. It appears to derive from an amalgam of educational practice from the British colonial period, modified by economic constraints through the popularisation of education at a time of rapid population growth, together with Islamic trains of thought and practice from the Middle East over several hundred years.

83. The colonial system derived from a period when education in Britain was the privilege of the wealthy and was based on the study of Latin and Greek. (The complaint by formerly colonised people that they spent their schooldays reciting lists of the kings and queens of England should be given this perspective: that schoolchildren in England spent their time memorising the deeds of the emperors and heroes of Greece and Rome). The system was narrow, competitive, emphasized verbal skills and preferred the Humanities to the Sciences.

84. In educational terms, the Islamic system was similarly narrow, emphasizing verbal skills and the transmission of a given deposit of knowledge; but it was not competitive or exclusive in the way that the colonial system tended to be. The levelling tendency in Islamic society, militating against caste or privilege, penetrated to the education system, opening it to poor boys more readily than the colonial system. (In either case, those children who suffered from the disability of being female gained entry rather late to the system).

85. Ultimately it may be the latter factor, an egalitarian motivation from within the teaching of Islam, which will most readily enable the disabled child to gain his education among his able-bodied peers. In other respects, the system in Pakistan could hardly be more competitive, due to the shortage of school seats. A further curious system of privilege is built in and maintained by the dual language phenomenon, with the most intense competition for English medium schooling despite half-hearted attempts by the Government to remove the duality.

86. Understandably, while threequarters of the nation's adults cannot read and write and half the nation's children have no seat in school, the Government's major educational preoccupation is in providing basic school buildings and teachers to stand in them. The question of what the teachers do is left largely for another generation to wrestle with. The problem is not of course confined to Pakistan. American researchers (78) quote the verdict of one parent of a handicapped child on their country's education system: "Mainstreaming, currently fashionable, simply means that all kids have an equal shot at mediocre schooling...."

h) Integration versus Segregation

87. Despite the above differences, there are some points worth noting. The Warnock Committee (79) reporting to the British Government in 1978 on Special Education Needs cast a glance backwards to the fate of similar Committees and noted that 50 years previously the Wood Committee had stressed the unity of ordinary and special education. In 1944 the U.K. Parliamentary Secretary, while debating the Education Bill, stated that nothing in the Bill should lead to the segregation of disabled children, and that the intention was to see as many children as possible maintained within the normal stream of school life. However, the tide then was flowing towards special provision and segregation, and Warnock comments that the 1928 and 1944 intentions were not in the event fulfilled. Indeed, Booth (80) points out the facility with which the British Government proceeded during 30 years to proclaim "Integration" as its official policy while tripling its segregated provisions for special education (during a period when the school-age population rose by about 50%).

88. It seems probable that a similar phenomenon will occur in Pakistan. The "special education bandwagon" is rolling, with a good prospect of jobs for unemployed psychologists, doctors,

social workers and other graduates who know very little about education. The work is believed to be fairly light, reasonable hours, city based for many years to come, and has a humanitarian kudos attached. Segregated provision answers to the present public attitudes towards disabled persons (77), a mixture of fear, pity and the belief that "there should be a place for them to go". Meanwhile, the Government has discovered "integration" and been advised by foreign "experts" that this is the modern trend. It is far from clear what it is or how it works. And so far as handicapped children are concerned, practically everyone in Pakistan with any experience has a heavy investment in segregated systems.

89. It is not difficult to predict that "integration" will buzz around in official policy documents for many years making slow progress compared with segregated provisions, which have already siezed the high ground. The intensity of emotion aroused became evident during the present study when abuse, anonymous letters and threats of having him "thrown out of the country" were issued to the author by people with an investment in segregated systems. This is unfortunate, because in fact there need not be any conflict between the two approaches. The expertise developed in special schools is needed to make integration work.

i) Special schools as Resource Centres

90. One of the more interesting Western studies of integration (81) conducted by the U.K. National Foundation for Educational Research, makes extensive use of particular examples "partly because of the intrinsic interest of the examples - partly because the detail is essential to abstracting guidelines for informing practice elsewhere". One of these examples, in a separately published book of case studies (82) describes the planned and fruitful interaction of a special school as a resource centre with ordinary schools in its vicinity. The ordinary schools identified children with difficulties, some of whom in fact their teachers wished to off-load onto the special school. Staff from the special school came over and made an assessment of these children and provided work materials and advice, to such good effect that those pupils were able to continue in the normal system. Not only that, but the ordinary teachers learnt a great deal in the process and considered themselves afterwards to be much better equipped to deal with any special children they might thereafter encounter.

91. This model, which to some extent the Mental Health Centre, Peshawar, has followed, could be a useful one for special schools in Pakistan. It is of interest to note that another U.K. study (83) showed up the inadequacy of external professional support to teachers with disabled children in ordinary classrooms, despite the existence of a wide range of services, e.g. social workers, educational psychologists, speech therapists, physiotherapists, education advisers etc. which were supposed to

be available. These "other" professionals do not often understand the classroom dynamics in the way another teacher would do. Anderson (84) reporting on handicapped children in Scandinavian schools, discovered "a widespread feeling that it would be valuable if experienced staff from the special schools and classes were allocated some time for going out to the ordinary schools in an advisory capacity". A report by one such teacher in English schools (84a) displayed many features similar to the experience of the social workers involved in follow-up of the present study in Peshawar schools.

j) Volunteer teaching

92. In view of the previous paragraph and the Sind experience of volunteer assistance previously described, it is worth mentioning a British experiment with untrained volunteers teaching handicapped children under professional supervision in loaned school premises during summer vacation (85). The benefits of the scheme have been manifold. The children learned a great deal and enjoyed the experience. The volunteers, many of them older 'normal' schoolchildren, discovered that handicapped children could be good friends and good fun as well as good pupils. The professionals benefitted from the enthusiasm and lack of preconceptions of the volunteers. The parents gained, the local community gained. Such exercises, being labour-intensive, are highly suitable for countries with rapidly expanding populations.

k) Speech and Hearing

93. In view of the high proportion of speech problems reported by teachers in Peshawar (see Survey Results) and the known prevalence of ear infections, it is relevant to note some former Western experience on the connection between hearing impairment and speech problems. When Sheridan (86) investigated this field in 1948, hearing aids were not commonly available to English school children, and ordinary teachers were not sensitized to the connection between hearing and speech. Later in 1962 Johnson (87) emphasized the need for ordinary teachers to be given guidance on the effects of even quite a mild hearing loss on speech and comprehension. After a further 20 years, a British Government Committee considering services for hearing impaired children (88) was still "extremely concerned" at the large number of children with language and speech disorders showing up in audiology departments, and at the confusion and lack of adequate provision in this field, despite the very considerable advances in audiology in the 33 years since Sheridan's study.

94. The timescale involved in the U.K., and the difficulties of developing appropriate audiological facilities in Pakistan (89) suggest all the more forcefully that ordinary teachers should be made aware that speech problems are often connected with hearing impairment; that a certain amount of hearing impairment in Pakistani children is caused by blocked ears and chronic respiratory

infections; and that the latter conditions are susceptible to relatively simple treatment by a school nurse or by parental attention.

1) Stress Points for the "Integrated" Pupil

95. Educational integration is still, and promises to remain for many years, something that society at large decides to do (or not to do) to children with disabilities, regardless of what those children feel about it, or the report of adults who had it done (or not done) to them when they were children. Arguments go on over the children's heads as to whether they are more or less likely to develop or persist in feelings of inferiority as a result of being thrown together with able-bodied children, or as a result of being segregated; whether it is better to be in a competitive environment in which some rise to the challenge and others fail, or to be in a protective situation where nobody feels a failure and nobody is stretched.

96. Retrospective review by disabled adults is becoming available through the rise of the Disabled Persons' Movement, but suffers from at least three drawbacks: 1) the sort of disabled persons who get their views published, who fight the system, who demand to be recognized as human beings, are less likely to be typical, or to recall in an unbiased way; 2) it is possible to reflect upon one's own childhood, but very difficult to generalise about one's childhood companions, since children seldom possess the qualities of the dispassionate observer; 3) the educational provisions for disabled children were changing during the schooldays of the present D.P. spokespersons, and have by now moved a long way from what they themselves experienced. This point is made by a number of disabled persons (90).

97. Kershaw (91) on the basis of his experience as a schools medical officer identifies a number of points at which the disabled child is especially prone to stress. First entry to school can be traumatic even for some children with no disability, and it is more likely to be so for the disabled child. Change of school, which may occur in transit from primary to middle or secondary, or due to family mobility, is another period of risk. The final years of schooling, coinciding with adolescent growth problems and uncertainty concerning adult roles and employment, are another stressful time.

98. One of the points of unanimity among disabled adults, of relevance to Pakistan, is the condemnation by deaf adults of the rigid oral system of educating deaf children (90):

99. Oralism remains in existence because a group of educators cling stubbornly to a set of educational methods which have been clearly demonstrated to be greatly inferior to the available alternatives. It oppresses all of us who have disabilities, for, by reinforcing the isolation of deaf people from the hearing world, it robs the rest of us of their strength, and them of ours, thus helping to maintain a system of discrimination which tends to keep us all

isolated and powerless. If further proof is needed that human beings disable us far more thoroughly than any disability could, oralism provides it. It is time we ceased to tolerate this disgraceful practice.

m) Soup recipes and Attitudes

100. Many of the Western books and articles carry a summary of recommendations for handling the integration of disabled children in ordinary classrooms (e.g. 92 - 98) or for Government planning (e.g. 79,97). A few remark that the points they have listed "amount to little more than good normal classroom practice" (99). Against most of the lists one could write, as did Gupta (51) previously quoted: "Under the prevailing conditions of our society only a few can fulfil these conditions".

101. More important than assembling all the correct ingredients for the soup is the attitude of mind that decides whether one really wants soup or not. An unofficial Italian comment is illuminating: "If we had tried to bring in integration gradually, we would never have achieved it. We would still have been debating, getting ready, thinking of drawbacks. For us, it was necessary to pass a law closing all the special institutions and obliging the ordinary schools to take whatever disabled children there were. Thus we achieved what we could never have done otherwise." A similar ambivalence, but without the solution, is noted by Lowden (100,101) in his reports on integration in Wales. While integration was the "official policy" and most teachers theoretically were in favour of it, in practice they did not want handicapped children in their own classes, and there was a noticeable lack of drive towards integration in many schools.

102. The attitude of mind must also extend to deciding whether the main purpose of schools is socialisation or learning (54). In many countries there will be a different answer from urban and rural areas. In the elite city schools the future professional and ruling classes are to be produced. The children must be stuffed full of facts and must learn to compete ruthlessly against one another. In the rural or urban slum schools it is more a case of spreading a thin veneer of learning over a large number of children who will ever remain "the masses". They learn to sit in straight lines, to fear authority because the teacher beats them if they do not obey, to chant in unison whatever they are given to chant. In the latter schools, there is a place for as many disabled children as are prepared to conform to the norm, regardless of their ability level.

103. For those people in every country who are not content to see children processed either as heavy-handed future rulers or as mindless masses, the battle is drawn to see that all children are offered something better than "mediocre schooling". Whatever formulae are devised, they must be capable of succeeding in average circumstances in ordinary schools. It is therefore pertinent to conclude with comments written 20 years ago from an

average English primary school that successfully handled the "casually integrated" disabled and disturbed children of its area (102):

104. The theme of this book has been that of ordinary teachers dealing day by day, and largely in their own classrooms and about their own school with difficult children. At risk of being repetitive it must be stressed that these teachers managed to teach full classes of 'normal' children at the same time, and were not specialist teachers in any of the recognized categories.

For the majority of the children discussed in this book, and for nearly sixty of the eighty of whose difficulties they are representative, it was the teachers' skills that were paramount in effecting improvement at best, or at least in preventing deterioration. Something has been said in the previous chapter, and many references made throughout the work, to the sort of skills involved: generous and appropriate provision; systematic teaching of language and number skills in order to give children a sense of adequacy; orderly classrooms, and flexible timetables; good record-keeping; consistency of behaviour; a lack of haste; and ability to question cherished educational habits, for example. Without such skills a teacher is unlikely to have a great deal of educational success with 'normal' children of good intelligence, much less with 'problem' children of any kind. Yet none of these skills are beyond the ordinary teacher, and are, indeed, the matter of much of her college course.

This book could be called a specialist one - but it is concerned with the specialism of teaching, including that of being able to draw a 'difficult' child into the life of his school in order that he may become a more adequate person. It therefore deals with things as they are - large classes, ordinary teachers with no specialist training, normal equipment and no extra help. It may well be that a teacher using all those skills mentioned, and which are not beyond most, is better able to give something of value to each child in a class of forty than inadequate teachers could ever give to two classes of twenty. From the spontaneous, well-organized, open-minded and generous teacher something 'rubs off', no matter how many children have to share her; from a teacher whose heart is not in her job, who is idle, or close-minded, or ill-supported by her head teacher and colleagues, nothing of value can, whether she has a class of fifteen or fifty. The teachers whose work is described in this book were certainly in no advantageous position, and their achievements can be accepted as those possible to almost any teacher.

Once more, and for the last time, it must be reiterated that a course of action found efficacious with one child will not transfer to another, and an attempt to use courses described here as 'ready-made' remedies to apparently similar cases will end in failure. It is even possible that real harm could be done to children by such doctrinaire practice, and it must be appreciated that while principles of approach can be indicated, detailed advice about someone else's 'problem children' cannot possibly be given in any book.

ACTION STUDY: AIM AND APPROACH

a) Aims

105. In January 1982 the National Council of Social Welfare, Government of Pakistan, commissioned a study by the Mental Health Centre, Peshawar, of disabled children attending ordinary schools. The objectives were to investigate the condition of disabled children attending or potentially attending ordinary schools in Peshawar, with attention to transport to and from school, the degree of integration, teacher and peer attitude; and to make recommendations for improving the education and welfare of such pupils and increasing the numbers within existing facilities. A low key approach was indicated, to avoid causing any nuisance in the schools or drawing unwarranted attention to the disabled children.

It was believed that many disabled children who could benefit from ordinary schooling were prevented by difficulties of daily transport, prejudice and negative discrimination on the part of teachers and peers, physical difficulties due to design of school buildings, low teacher expectations, and the general lack of awareness on the part of parents and schools.

b) Extension

106. Formal investigation began in February 1982 and continued for several months. It soon became clear that certain actions were indicated which would require a much longer time but which should yield more valuable experience. Instead of merely "counting heads" and recording opinions, the opportunity could be taken to follow up some casually integrated disabled children both in the classroom and in their family situation and see how they got on over a longer period. This would constitute "research and action", potentially a very much more valuable exercise than merely academic research. This opportunity was therefore taken, as will be described subsequently.

A useful and well documented discussion of the extension of "scientific research" into something more practically useful is given in an appendix to a British study of the integration of blind pupils in ordinary schools (103). The authors point out the background in social anthropology, and the near-impossibility of treating an educational system as though it were a controllable experimental field. It is to be hoped that educational research in Pakistan will take in more of this realistic and commonsense approach.

c) Methodology

107. The initial investigation was undertaken by means of interviews and questionnaires with school principals, teachers and pupils of Peshawar schools. Authorisation was secured from the Directorate of Education (Schools) NWFP to carry out this

study. At the time of planning, no other study of this field was available either from Pakistan or any other country of comparable socio-economic status. The present study was therefore a pilot investigation. It was not possible to predict or circumvent all the difficulties which subsequently emerged.

Appointments were made to interview the school principals. They then arranged for interviews with class teachers who reported having a disabled pupil. The disabled pupils were interviewed, and verification was made of their disability by visual inspection and conversation. In cases where a pupil reported to be disabled was absent from school, return visits were made until the pupil was seen.

WHO ARE THEY?

108. Who are these "casually" integrated pupils? A few composite case histories may serve to put faces to the children, before they submerge beneath the tabulated data.

109. Razia is in a Government High School and will be taking Matric next year. She had polio when she was 3 years old, but no treatment was given until she was 6. She wears a brace on one leg and walks with the aid of crutches. She walks to school each day, taking 20 minutes over the 400 yards distance. This becomes difficult in the rainy season, when the path is very muddy. Razia tops her class in History and Islamiyat, and does quite well in most subjects. She says that her disability has never been a serious problem in school. "Why should I miss my education, just because of a bad leg?"

110. Md. Ayaz is in 3rd in a private school. When he was halfway through 2nd class his teacher noticed that Md. Ayaz could not hear properly. He was sitting at the back among 50 other pupils, keeping very quiet and learning practically nothing. The teacher noticed only by chance that his hearing was poor and his speech indistinct. Md. Ayaz now sits near the front of the class, next to Salim, the boy who usually stands first. If Md. Ayaz loses track of what the teacher is saying, the bright Salim either tells him or shows him in the textbook. Md. Ayaz now follows 80% of what goes on. Salim enjoys it too: previously he used to get bored waiting for his classfellows to catch up. Md. Ayaz is having some tests done at a Hospital, but the doctor is doubtful if anything can be done to improve his hearing.

111. Salma is in KG in a small school near her home. Every 10 or 12 days she has an epileptic fit during which she slides to the floor and her limbs twitch repeatedly. Salma usually recovers full attention after 20 minutes rest. Sometimes after a fit she needs to clean up and change her pants. When she started in KG, some parents came in and complained as a result of what their children had reported home about Salma. The headmistress informed them politely but firmly that epilepsy is never contagious and there was not the slightest danger to anyone else from Salma's fits. "In KG class", she stated, "we take all sorts of small children, and start them on the road to education. Salma is one of the sorts of children we take."

112. Patras has Down's syndrome, and has spent a couple of years in class 2 at a Government school in a small rural town. He is small for his age, good-natured, enjoys singing. He can copy the alphabet, but gets no further. His teacher says "I don't know how far Patras will go, but we'll give him time to find out. He's not much trouble. Of course he looks a bit odd and the other boys tease him a little but generally we've all got used to him. Now, I've seen how schoolboys behave with Mongols who don't go to school, chasing them and throwing mud at them in quite a cruel way. So I think Patras has taught them something just by being here, and he has avoided that sort of nasty

treatment."

113. Farhat is a partially sighted pupil studying in a private English medium school, class 5. She is a nervous child who stutters if she is asked a direct question. She writes left-handed, with her head practically on the desk in her effort to see what she is writing. In class 4, Farhat had a very strict teacher who used to shout at her in an effort to make her sit straight and write with her right hand. As a result, Farhat spent a lot of time away from school with headaches and nervous stomach cramps. Eventually her parents took her to a psychologist, who discovered where the problems lay. Farhat refuses to wear glasses, saying that they give her a headache; but she uses a magnifying glass to help her read. She refuses to sit at the front of the class to see the blackboard more easily, because at the front she feels that everyone is looking at her.

At the end of Farhat's fourth year there was some doubt whether she could be allowed to continue. The psychologist, who had discovered that one of Farhat's sisters died and another sister was badly disfigured in a fire at home during the previous year, suggested that the class 5 teacher might find Farhat too difficult to cope with. The class 5 teacher was incensed by this and declared that she was perfectly capable of teaching any child sent up to her. The School Principal advised that Farhat should be allowed to work in her own way without being fussed. This has been successful for several months, but Farhat continues to be nervous and difficult, and she has little contact with her classfellows.

114. Khairullah has cerebral palsy, gets around in a wheel chair, and is studying in 7th class. At times he has difficulty speaking, but he studies well. Schools near his home refused to take him, so Khairullah's problems are complicated by a 5 mile journey across the city to a school with a cooperative head teacher. The journey takes 1½ hours each way and involves getting Khairullah and his wheelchair in and out of a Suzuki wagon for half the distance and then a school bus for the other half. To meet the extra expense, Khairullah has learnt wood carving, and spends all his spare time on carvings which he sells to tourists. Holding the knife and the wood also improve his hand control so that he can write more easily.

Khairullah's headmaster made a few amendments to the timetable so that Khairullah did not need to go upstairs. One door-way had to be widened to let the wheelchair pass. A metal bar was fixed to the toilets, by means of which Khairullah can manoeuvre himself without assistance. Several kerbs were tapered down to let him wheel himself smoothly around. The headmaster reports "We spent several hundred rupees, but actually we saved more than that. Once we started looking closely at the buildings, rooms and passageways, we found that we could make the whole place safer and more convenient for everybody. Before Khairullah came along, there was nothing to make us look that closely."

SURVEY RESULTS

a) Number, Category, Location

115. The initial study was conducted in 34 schools of Peshawar, of which 28 were Government schools and 6 private. There were 16 primary, 9 middle and 9 high schools, with 18,042 pupils enrolled aged 5 to 19 years. The children reported by teachers as disabled numbered 360 (i.e. approximately 2% of the total enrolment). The proportion of disabilities reported was as follows: hearing and/or speech impairment 41%; physical disability 31%; visual impairment 21%; weak intelligence 2%; epilepsy and other conditions 4%. Thirty children suffered from more than one impairment. (Table II) At the time of study, the pupils reported to be disabled were studying in the following school classes: K.G.,9;* 2nd,52; 3rd,46; 4th,39; 5th,59; 6th,40; 7th,27; 8th,14; 9th,8; 10th,11. (Table II) *1st,55;

Subsequent studies were carried out in Mingora by the same investigator and in Mansehra and Abbottabad by another investigator using the same format. Results of these studies are summarised in Table I. A total of 103 schools with enrolment of 43,416 pupils was covered, and 825 pupils were reported by teachers as having a disability, a rate of 1.9% of all the pupils and an average of 8 disabled pupils per school.

TABLE I SCHOOLS AND DISABLED PUPILS BY CATEGORY AND LOCATION

	Peshawar		Mingora		Mansehra		Abbottabad		TOTAL	
Primary Schools	16		3		22		5		46	
Middle Schools	9		1		11		7		28	
High Schools	9		3		6		14		29	
Total Enrolment	18,042		4,703		20,671				43,416	
Disabled Pupils	360		60		199		206		825	
% disabled	1,99%		1.28%		1.96%				1.90%	
Physically Dis'd	118	33%	27	45%	53	27%	59	29%	257	31%
Hearing Impair't	16	4%	3	5%	15	7%	29	14%	63	8%
Speech Defect	130	36%	13	22%	60	30%	62	30%	265	32%
Visual Impair't	76	21%	15	25%	38	19%	52	25%	181	22%
Other	20	5%	2	3%	33	17%	4	2%	59	7%

(N.B. Slight variation in percentages between Para.115 and Table I arises because of multi-impairment in some pupils)

TABLE II PESHAWAR DISABLED PUPILS BY CATEGORY OF DISABILITY AND SCHOOL CLASS

	TOTAL	%	K.G.	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Impairment	390		10	60	53	50	42	68	44	29	15	8	11
Leg	95	24%	2	20	15	8	7	18	9	8	4	2	2
Hand/Arm	32	7%	1	4	4	3	2	6	8	1	2	1	-
Vision	80	21%	5	17	9	11	15	8	7	5	2	1	-
Hearing+Speech	160	41%	2	17	23	25	15	28	16	15	7	3	9
I.Q.	9	2%	-	2	1	2	1	1	2	-	-	-	-
Epilepsy/Other	14	4%	-	-	1	1	2	7	2	-	-	1	-
Pupils	360		9	55	52	46	39	59	40	27	14	8	11

b) Abilities and Participation

116. Among the Peshawar children with lower limb impairment, 22% reported that they could walk easily; 42% could walk with a slight limp; 29% reported difficulty in walking; 6% were unable to walk. Among pupils having impaired arms or hands, 44% reported that they could do their schoolwork easily; 28% could work with difficulty; and 28% could work with only one hand. Among children with speech impairment, 72% had a light lisp; 11% could be understood only with difficulty; 13% could be understood only by people very familiar with their speech; 3% were completely incomprehensible even to close family or friends. Among children with impaired vision, 65% reported that they could work without difficulty, while 35% reported difficulty in working.

Of the Peshawar disabled pupils, 95% reported that the attitude of their fellow pupils towards them was encouraging, while 5% reported that the attitude was discouraging. Concerning participation in activities outside the classroom, 87% of the pupils reported that they did take part in such activities with the other children, while 13% reported that they did not participate. Among the non-participants there was no obvious variation with age group or type of ability.

c) Daily Travel

117. The great majority of the Peshawar disabled pupils travel to school on foot (78.2%). The remainder come by personal vehicle (10.2%), bus (7.7%), tonga/rickshaw (3.3%). Among the children having some lower limb impairment, 77% nevertheless reported that they proceeded to school on foot. For 83% of the children with disabilities, the distance from their home to school was reported to be less than one kilometre. A distance between one and three kilometres was covered by 9% of the children, and 8% needed to travel more than three kilometres. However, for the disabled pupils in 8th, 9th, and 10th class, 56% travelled less than 1 km. while 35% travelled more than 3 km. The great majority of pupils (86%) reported taking less than 30 minutes to reach school, and this showed no variation with age group. Difficulty in daily travel to school was reported by 15% of the disabled children, the greater number of whom (67%) had lower limb defects.

d) Staff Attitudes and Comments

118. The general attitude of school principals and teaching staff was favourable towards the integration of disabled children into normal schools, but staff claimed that they would prefer the method of having special classes within normal schools rather than having the disabled children following exactly the same lessons seated with non-handicapped children. However, in practice the disabled children under investigation were treated in the same way as all the other pupils and followed the same classes. It was observed that in some cases the class teachers

actually joined in teasing the disabled children. School staff seemed to be keen to take additional training in order to learn methods and techniques for managing their classroom with disabled children in it. In the absence of any specialised training, the disabled children are thrown in with the rest, and sink or swim largely by their own efforts. It was noticed that the majority of them seemed to swim rather than sink.

Suggestions specifically arising from the interviews with staff fall into five main categories:

1) Rehabilitative facility or equipment should be provided to remedy specific impairments, e.g. spectacles, hearing aids, physiotherapy/surgery, speech therapy.

2) Help should be given with daily conveyance to and from school; or disabled pupils should be given seats in schools near their homes.

3) Class teachers should show a sympathetic attitude and should give some measure of individual attention to the disabled child. Other pupils should be discouraged from teasing.

4) Practical attention should be given to the physical environment e.g. to ease mobility for the physically disabled by avoiding putting them in upstairs classrooms; and by giving seats near the front of the class to those with impaired hearing or vision.

5) Prevention of disabilities by immunisation was recommended, and also a regular check-up by school health service with individual medical records for every pupil.

FOLLOW-UP AND PRACTICAL OUTCOME

a) Follow-up of the Study

119. From the basic results shown above it was clear that many details should be followed up and actions taken with individual disabled children attending ordinary schools. The study uncovered some basic facts, figures and opinions. Yet many questions remained unanswered about how the disabled children get along in school, how they might be helped to persevere and derive greater benefit, how to increase their enrolment and to assist the schools to cope with any difficulties.

120. It was therefore decided that a Society for Integrated Education of Handicapped Children (S.I.E.H.C.) should be formed, with representatives from relevant fields of expertise, e.g. educationists, social workers, psychologists and specialists having experience with disabled children, to undertake the continuation and follow-up of the initial survey and to involve a larger number of schools and individuals. After several meetings the Society was constituted with the following stated aims:

1) To promote the integration, education and training of handicapped children and young persons in normal Government and non-Government educational and vocational institutions by all available means.

2) To provide financial and professional assistance to families with handicapped children and young persons in order that they may benefit from integrated education.

3) To encourage and promote the participation of rehabilitation workers, therapists, medical personnel and their assistants in the normal educational system, in order to minimise the handicapping consequences of impairments.

4) To campaign for improvement in the school medical service with a view to the early detection and prevention or minimisation of impairments in schoolchildren.

5) To promote and support all forms of educational, vocational, cultural or recreational activity in which handicapped and non-handicapped children and young persons take part jointly.

6) To raise funds, to engage paid staff and to conduct studies and publish the results, in the furtherance of the above aims and objectives.

121. One ordinary private school in Peshawar, Asbar's High School in University Town, was already known to have a deliberate policy of admitting a proportion of disabled children (currently 30 disabled children among 400 total enrolment) and it was decided that the S.I.E.H.C. should make its first input at Asbar's High School by supporting the fees and expenses of some disabled pupils and by financing the employment of a social worker who would give extra attention to the disabled children in the school, monitor their progress, study their problems, liaise with their families, and report on the situation with suggestions for action and for improvements. It was further decided that a second social worker should be employed who would follow up the N.C.S.W. study, taking action along the lines suggested by that study, under the guidance of the Committee.

122. Grants were provided by the United Nations Ladies' Association and by Christian Aid of London through the Mental Health Centre Peshawar to initiate these activities, and from the beginning of September 1982 two social workers were employed; Mr. Sibghat-ur-Rehman (who had conducted the original N.C.S.W. study) and Miss Yasmin Fazal. It had been decided by the Committee that registration with the Directorate of Social Welfare should be pursued, but this was subsequently deferred until such time as the nature and activities of the Society were more clearly established and understood. Certain other Associations involved in providing special schooling for disabled children evidently felt threatened by the S.I.E.H.C., believing that the Society might undermine or remove the necessity for their own existence. Over a period of 20 years it would seem possible that the need for specialised institutions might diminish, as more disabled children would be integrated into the mainstream of education, but in fact in the present situation there would unquestionably be a far greater demand for both specialised and integrated education than could be met by the existing resources. Nevertheless, in order not to cause any difficulties the question of registration was deferred to a more suitable time.

b) Activities of the Social Workers (Sept. '82 - August '84)

123. No model existed for the presence and activities of social workers in ordinary schools, and the Committee of the S.I.E.H.C. discussed at length the nature of the work to be undertaken. It was realised that the project was an experimental one and that it remained to be discovered what the most beneficial approach might be. It was decided that initially Miss Yasmin Fazal should prepare case histories of the disabled children attending Asbar's School and should familiarise herself with any problems they might have by observation and discussion with their class teachers and their families. She would undertake whatever action might be required in the light of her initial findings.

124. It was anticipated that two types of intervention might be required: (a) short term action to overcome particular problems, e.g. transport, lack of fees, need for an aid such as spectacles to be provided etc; (b) longer term remedial or supplementary teaching in order to compensate for the difficulty the disabled child might experience in keeping up with the other pupils. The ordinary class teacher could not be expected to provide either sort of help in the normal course of classroom teaching, and school principals could not be expected to admit many disabled children to their school if they knew that this sort of help would be needed yet had no means of supplying it. It was understood that the first type of intervention would be more within the capacity of the social worker employed who had no special training in this field. She could also discuss with teachers and parents the possible future of each disabled child, and engage in advocacy for the child so that parental expectations might be raised beyond the apathetic level.

125. It was decided that if Miss Yasmin Fazal were to prove

successful in some of the objectives during a period of several months at Asbar's School, so that the need for short term intervention there had been met, it would be appropriate for her to move on to another school with a cooperative, interested principal and continue similar activities on the basis of the experience gained. (This did in fact take place.) Meanwhile the second social worker, Mr. Sibghat-ur-Rehman, should re-visit the schools he had previously surveyed and find out what had happened to the 360 disabled children identified and should undertake to sensitise the school teaching staff to the special needs of these children and to arrange for their rehabilitative treatment where necessary on a more mobile basis than was being tried at Asbar's School. Thus the two social workers would experiment with different approaches, the one being static for a few months in a single school while the other moved between a number of schools. These efforts were in the nature of a demonstration of how a considerable number of disabled children could benefit from education using existing resources with a low cost supplementary intervention.

126. Evaluating the experience reported by the social workers, it is evident that there is a great need and opportunity for mobilisation of existing resources, advocacy on behalf of disabled children, sensitisation of school staff to the special needs of some of their pupils, and raising the awareness of families. The social workers, both of them graduates with M.A. (Social Work) from Peshawar University, had no special training in the field of integrated education but they worked willingly in following up the disabled children and talking with all the people involved. Their role was rather a delicate one, since they had no official position and were working experimentally by permission of the individual school principals. They needed to win the confidence of the school staff and the pupils' parents and to achieve results by persuasion. To a large degree they seem to have been successful.

127. Most, if not all, of the actions taken as a result of the social workers' activities could have been taken without their intervention, but the fact is that these actions were not taken until they entered the situation as catalysts and mobilisers. The social workers needed a lot of tact and sensitivity in dealing with the school staff, in order to draw their attention to special needs of the disabled pupils without appearing to criticise the teachers or appearing to tell them how to do their job. Most of the teachers in fact seemed to welcome the social workers and to be glad of some assistance and advice. Most of the school principals were well disposed towards the disabled pupils, and quite prepared to consider any suggestions for minor modifications of their normal school practice which would facilitate the education of those with special needs.

128. In discussion between the S.I.E.H.C. Committee and the social workers it was pointed out that while good liaison needed to be maintained between the social worker and the head teacher,

this should be effected in such a way that the class teachers did not feel that reports were being made behind their backs. The danger was also recognised of the social workers being used as spare teachers, in view of the staffing problems experienced in many schools. The social worker would no doubt benefit from gaining some classroom teaching experience in this way, and thereby also would gain credibility with the normal teachers, but it was necessary for school principals to understand and accept that this could be only a temporary and occasional measure, otherwise the point of having a social worker would be lost.

129. By the time the social workers had gathered some experience, the S.I.E.H.C. Committee had grown to include the principals of six schools (two of them special schools) together with three social workers and the parent of a disabled child attending a normal school. This provided a useful forum of experience in which the accumulating data and reports from the social workers employed by the Society could be evaluated and further directions given. After nine months' employment Mr. Sibghat-ur-Rehman resigned to join another project in the disability field, as Rehabilitation Development Officer of the FAMH/UNICEF Community Rehabilitation Development Project. Miss Yasmin Fazal, after working for a few months in each of three schools by arrangement with the respective principals, alo resigned in order to get married. In October 1983 a third social worker was employed, Mr. Munir Akhtar Qureshi, who studied the experience of the first two employees and was introduced to the work by Mr. Sibghat-ur-Rahman who continued to take an interest in the Society in addition to his new commitments.

130. A prominent feature of the social workers' activity is to persuade families to take elementary steps towards rehabilitation of their disabled child, and a referral network has been built up of rehabilitation specialists who may be willing to give their services free or on a concessionary basis to children referred by the Society. This network includes ophthalmologists, orthopedists, the physiotherapy clinic at the Mental Health Centre, a speech therapist, ENT surgeons etc. When it is pointed out to families that the child should have its eyesight or hearing tested, receive physiotherapy or be checked over by a specialist on developmental delay, the parents often object that this will cost more than they can afford. Even if they can afford the consultation they fear that they will be unable to pay for treatment or rehabilitation aid, so the initial investment in consultation will be without practical outcome. This objection is overcome by the S.I.E.H.C. social workers offering to meet a proportion of the costs involved, on whatever basis the family choose: whether 20%, 50% or as much as 80% of the costs can be met from S.I.E.H.C. funds.

131. Families who have come to regard their child's disability as an unfortunate but inevitable fact, a source of some shame or of indifference, find it remarkable that the child is important enough to merit the attention of a social worker and that a charitable society is prepared to share with them in the cost of

rehabilitative treatment. In most cases, the parents secretly hope that perhaps something could be done, and they may indeed once have embarked on visits to doctors, as well as to pirs and shrines seeking a cure. When a family has spent large sums without positive results it may develop a resistance to any further suggestions of therapy. The social workers then need to employ a little "sales technique" on behalf of the child, who may otherwise become the victim of his parents' loss of hope. The actual financial contribution of the Society is in most cases small, but the contribution in terms of motivating the parents is large. In a previous survey of disabled children conducted by the Mental Health Centre, families were asked if anybody had ever offered them any help with their disabled child. Negative replies were made by 97% of those questioned. There is a major need for someone to take an interest in these families, even if only to the extent of listening to their problems and worries.

c) Practical Outcome

132. Apart from the actual results of the study and the data and opinions gathered, there were a number of practical achievements and results of the whole exercise over a period of two years:

1) More than 100 schools in Peshawar, Mansehra, Abbottabad and Mingora, were visited and were apprised of the aims and objectives of integrated education.

2) About 250 disabled children attending ordinary schools have been assisted to obtain rehabilitative treatment and aids both by encouragement and by financial help.

3) A major exercise in public awareness has been undertaken with hundreds of outlets in families, school staff, committee members, the social work department of the University, and by correspondence in the press.

4) Apart from the schools surveyed, requests have been made by principals of other schools who had learnt about the survey and activities of the SIEHC and who wished to benefit from some attention being paid to their disabled pupils. These additional contacts have been followed up.

5) The management of one private school not previously involved in this field, after reviewing the activites of the SIEHC, decided of its own volition to employ a graduate social worker on a regular basis to relieve any welfare problems of its pupils.

6) The Education Department, Government of NWFP, has been made more aware of the needs of disabled pupils in normal schools and as a result has requested that a series of lectures be given at inservice teaching training courses arranged from time to time in order to help teachers to make better provision for their disabled pupils.

7) Rehabilitation professionals have been sensitised towards the "normalisation principle", that disabled children should lead as normal a life as possible and should as far as possible enjoy equality of opportunity with all other children.

8) The SIEHC facilitated transmission of 500 child-sized spectacle frames from the USA based organisation Aid to Blind Children International. These spectacle frames have been made

available through the ophthalmological department of Mission Hospital Peshawar.

9) The opportunities created by the SIEHC have provided further supervised fieldwork and experience in the rehabilitation field for M.A.Social Work graduates, some of whom will make a career in this field as a result of this initial experience.

10) Following participation in the National Seminar on Vocational Rehabilitation in December 1983, fruitful contact was made with the principal of the Government Vocational Training Institute, Peshawar. It is Government policy to encourage vocational rehabilitation for disabled persons, and the offer has been made to give training to any suitable disabled young men whom the SIEHC might recommend to the Vocational Training Institute.

11) Among a series of radio scripts broadcast in Pushto to rural areas of NWFP, one programme is devoted to the subject of integrated education and takes the form of an interview with a head teacher who is admitting disabled children to his school. (Appendix III)

12) Distribution of an Interim Report (March 1984) to educationists in a large number of developing countries caused considerable interest, and it is reasonable to suppose that by now the field of non-designed integration is receiving a great deal more attention and investigation.

CRITIQUE AND EVALUATIVE DISCUSSION

a) Criteria of Disablement

133. The most obvious question concerning the original survey is that of criteria for assessing disability. The method used was unsophisticated, relying entirely on the school teachers' perception. Principals and teaching staff were asked, "Do you have any child in your class who is disabled?" The investigator then interviewed the children so designated, and verified that they did in fact have some impairment. A rough classification was attempted concerning practical ability, e.g. "able to walk", "speech difficult to understand".

134. Studies of pupils' eyesight performed by medically qualified investigators in schools in Islamabad and in Peshawar reported in the one case 10% and in the other case 20% of the pupils as suffering from impaired vision. Undoubtedly if controlled hearing tests were to be carried out on schoolchildren there would be a great deal of hearing impairment discovered. During the follow up of the study a number of pupils were discovered to be suffering from emotional disturbance sufficient to have a noticeable effect on their school performance, although this was not a category originally reported by teachers when asked about "disability". Thus the 2% of pupils perceived by their teachers as being disabled must be only a fraction of the total of children suffering impairments.

135. It was not the purpose of the present study to generate data on disabilities. The focus was rather on abilities; specifically, the ability of children with various types and degrees of impairment to follow ordinary school classes and to be integrated with ablebodied children. The findings were sufficient to indicate that on the national scale large numbers of children who are "disabled from normal functioning" are not disabled from ordinary schooling and are in fact already attending schools without any special attention having been paid to their situation. Among the 360 pupils designated as disabled, as many as 233 (65%) reported that their impairment was not of such a degree that it would hinder their school work.

b) Children's Evidence

136. The latter comment calls into question the reliability of children themselves in commenting upon their school situation. The pupils questioned ranged in age from 5 to 19 years, and the evidence of the older ones would presumably carry greater weight than that of the younger. The universal tendency would be to give whatever answer was thought most likely to satisfy the investigator, armed as he was with an authorisation from the Director of Education. When asked if they were getting on well in school, most of the children could be expected to answer positively, both from habit and perhaps from fear that they might lose their seat if they reported difficulties; or might incur the displeasure of their teachers. Furthermore, children who have had

chronic worm infestation, catarrh, under-nutrition, blocked ear passages and multiple dental caries (as tends to be the case with a large proportion of the school-age population) are likely to have a proportionally lower expectation of both health and education.

137. The children were asked, among other things, about the aetiology of their disability. No doubt some of the responses were accurate, but for example half of those having a speech defect reported that it was "from birth". These responses were too unreliable to be reported. Similarly, the pupils with disabilities were asked how many siblings they had, and whether any of them were disabled. Response to the first part may have been accurate (1,977 brothers and sisters among the 360 disabled pupils), but the second part (99 disabled brothers and sisters) is without any means of verification.

138. Even where the pupils answered questions accurately in their own terms, it is improbable that there would be a uniform and consistent understanding of what was meant, for example, by "difficulty" in performing school work, or in travelling to school. The physically disabled child who finds difficulty entering or leaving his father's car for his daily trip to school is in a different situation to the lame child who is faced by a 2 mile walk and who gets tired after 1 mile. Furthermore, the children's judgement of time and distance is notoriously fallible A trip of 2½ miles taking 20 minutes by bus will be reported by one child as 1 mile taking 20 minutes, and by another as 5 miles taking an hour.

c) Selective Drop Out

139. It was suspected that the children with disabilities were more likely than non-disabled children to drop out of school for a variety of reasons: academic failure, transport difficulty (especially at transition from neighbourhood primary school to more distant secondary school), negative attitudes from fellow pupils or teachers, unwillingness of parents to continue meeting expense of schooling. All these are common reasons for failure to persist with schooling, apart from "negative attitudes"; the latter reason is experienced also by other disadvantaged groups such as children of the religious minority communities and of itinerants. Furthermore it needs to be pointed out that during six years' experience providing special schooling to mentally retarded and multi-handicapped children at the Mental Health Centre Peshawar, it was estimated that approximately 50% of the children ever enrolled have dropped out for a variety of reasons.

140. The results of the present study give some grounds for the suspicion of selective probability of dropping out by disabled children, but the relevant data was not available to give a definite answer. In any case, it was clear from the study and follow up that some disabled children were dropping out because of difficulties experienced, and that the activities of an interested social worker could be crucial in helping the disabled

child to persevere in the education system.

141. The Government of Pakistan has passed an Ordinance requiring employment of a 1% quota of disabled persons by large employers, and the Government is revising its own rules for employment of civil servants in order to take a proportion with disabilities. Job opportunities for educated disabled persons are likely to increase, and it is vital for the future integration of disabled persons in society that there should be an adequate supply of disabled school leavers having matriculation or further qualifications. Creation of job opportunities and supply of adequately educated candidates needs to proceed simultaneously in order to avoid bottlenecks, frustrations and wastage.

d) Validity of sample

142. The initial study was carried out in Peshawar, a city of 600,000 population, and mostly among boys' schools. Peshawar is not altogether a typical city of Pakistan, and city results are not necessarily representative of the 70% of the national population residing in rural areas, nor is the situation of boys' schooling identical with that of girls'. Nevertheless, among educationists questioned informally, the general impression was that similar results might be found all over Pakistan, in urban and rural areas and among boys and girls. The subsequent surveys in Mingora, Mansehra and Abbottabad, the latter two being much smaller rural towns, provide a useful confirmation of the wider relevance of the Peshawar survey.

143. A previous study was conducted by the Mental Health Centre in 1980 of 1,340 disabled children comprising 670 (50%) physically disabled; 355 (26%) hearing and speech defects; 183 (14%) mentally retarded and 132 (10%) visually impaired. Those who reported attending or having attended school amounted to 22%, divided by disability as follows: physically disabled 26%; visually impaired 23%; speech/hearing defects 18%; mentally retarded 8%. Approximately 20% of the disabled children surveyed were in any case below the age for school attendance.

e) Attitudes

144. The report by disabled pupils of their fellow pupils' attitudes is of considerable significance. The question was of course unsophisticated, but the overwhelming majority reporting positive attitudes was not necessarily predictable. It might be argued that the feeling of classroom solidarity in face of an outside inquisitor might predispose the children towards a positive response. But there were evidently those (5%) who were not so disposed. Conversely it is probable that a proportion even of able bodied children would be picked on, teased or bullied by their class fellows, and some among the 5% of disabled pupils reporting negative attitudes might have come in this category regardless of their disability.

145. The response reported by disabled children themselves in

the present study, who have daily experience of casual integrated education, counters the popular notion that disabled children would be subjected to intolerable teasing and cruelty by their fellow pupils, and would develop inferiority complexes. There will certainly be *some* negative attitudes and actions experienced by disabled children in ordinary schools. Against that must be set the fact that for the vast majority of disabled children the alternative is to have *no schooling at all*. Such an alternative seems a great deal more likely to reinforce feelings of inferiority, while the able-bodied children will be deprived of the opportunity to discover that children with disabilities are mostly quite normal.

f) Difficulties encountered

146. Due to the timetable inadvertently set by the sponsors, the original survey ran across the end of one school year and the beginning of the next, which made some difficulties both in gathering data and subsequently in following up the disabled children. The principals and teaching staff were almost all cooperative and some were quite enthusiastic about the nature and purpose of the exercise; however their ability to provide basic data about school and class-wise enrolment, and subsequently to assist in contacting families and following up the disabled children, varied considerably. Class teachers also varied in their capacity to perceive the situation from the point of view of the disabled pupils. There were some who were very suppportive without making a fuss over the child, whereas others actually joined with pupils in stigmatising the disabled child.

147. The whole three year exercise has been rather loosely managed, due to constraints of time and resources, and the social workers had to set their own goals and pace of work to a large extent. The change of personnel did not promote consistency of approach, though fortunately the original investigator remained in close touch with the project. Since the exercise was intended partly as field training for the social workers and partly as a realistic demonstration for the Government, the presence of a quantum of difficulties may be counted rather as a virtue.

g) Strategic Importance

148. The Government of Pakistan in its Sixth Five-Year Plan (1983-88) declares the intention to make a major step forward in providing special education and rehabilitative facilities for disabled children and adults. The plan appears to centre upon specialised facilities, both upgrading existing schools and starting new ones. In either case, the major bottlenecks will be in discovering staff with specialist skills and experience. Even if the plan were to achieve its goals within the stated period, which nobody in the Government realistically anticipates, it would reach no more than 10% of the disabled child population, and at considerable cost (Rs.835 million) which might not subsequently be sustainable.

149. If in the years remaining of the Sixth Plan, the Government were to create 20 experimental posts distributed between the Provinces, engaging a mixture of male and female graduates in social work, psychology, sociology and medicine, and setting them to work on a similar programme to that piloted by the SIEHC employees, the cost of salaries, some transport and administration would not exceed Rs. 20 lakhs. The investment could unquestionably pay for itself in terms of disabilities prevented, schooling provided for and persisted in by disabled children, community awareness raised towards integration of disabled persons generally, and a large body of comparative data generated on the basis of which a major plan for integrated education should be formulated for the Seventh Plan.

RECOMMENDATIONS

a) Government

150. 1) Findings of the present study should be given widespread discussion, and feedback incorporated in planning exercises.

2) Government at Federal and Provincial level should coordinate action between Planning, Education, Health and Social Welfare, and should create at least 20 posts as recommended above ("Strategic Importance") with the least possible delay, in order to maximise utilisation of existing community resources for integrated education.

3) Substantially increased resources should be allocated to the existing Integrated Education Project in Sind, and the accumulated experience made available without delay to the other Provinces.

4) Education Departments should as soon as possible incorporate into Teaching Certificate curriculum and Bachelor of Education courses an element on pupils with disabilities in the ordinary classroom. Inservice courses on the same topic should be prepared for experienced teachers.

5) Schools Health Service. It is the Government's intention to raise the health status of the entire child population, both as a humanitarian enterprise and a sound economic investment. Given the additional investment being made on schooling for approximately 50% of the nation's children (with the intention to reach 100% as soon as possible) it makes economic and educational sense to insure the investment by a properly functioning Schools Health Service. Educational wastage due to poor health is very large. Much of the loss could be retrieved by preventive measures. An effective Schools Health Service would pay for itself by retrieval of wastage without even considering the loss of employment time by families in visiting doctors and the cost of imported pharmaceutical products. The educational system itself will function more effectively by treatment of teaching staff as well as the pupils.

6) Prompt action should be taken to increase the number of people with training in Speech Therapy to work with the general child population in ordinary schools. (See Appendix IV)

7) Standard guidelines should be issued as soon as possible, to which all new educational buildings should conform, for improved access, lighting, acoustics, safety and other features as recommended in the design literature reviewed earlier. Existing buildings should progressively be adapted over a suitable period of time.

b) Schools: Strategy

151. There are more than a dozen ways in which integrated education can be carried out, which consist of permutations of four main types:

1) Disabled children in ordinary classes: teacher and other pupils giving some extra help as required. Teacher may have had short inservice specialist training.

2) Disabled children in ordinary classes: specialist teacher visits periodically and assists ordinary teacher or takes disabled children out for special attention.

3) Special class attached to ordinary school, some integrated activities outside of classroom.

4) Close collaboration between special school and ordinary school, with disabled children attending both alternately.

152. Given the size and diversity of Pakistan, there is ample scope for all four methods to be used experimentally in different places, and in due course the benefits or disadvantages of each will become more apparent. There is probably no single "best method". It would in any case be possible to argue for quite different goals of integrated education, e.g. the extent to which integration of disabled persons and society requires conformity by the disabled persons, as opposed to the development of increased flexibility on the part of society. Depending on the goals being aimed at, different methods might be appropriate.

c) Schools: Classroom Practice

153. Whatever method is used, it is of prime importance that the persons involved should be adequately prepared. The classroom teachers may initially be volunteers. Schemes for introducing or increasing the number of disabled pupils may best begin as pilot projects, requiring mature, experienced teachers who will volunteer to take a proportion of disabled pupils and to monitor their progress. It should be acknowledged from the start that these projects will not be without some difficulties, and that skill and competence will be required. Schemes should never be foisted onto unwilling teachers, who are likely to resent what they see as an additional burden. Wherever possible, a short series of talks/discussions should be held between special educators and ordinary teachers and between teachers having previous positive experience of integrated education and those teachers about to start new developments.

154. The disabled children and the able bodied pupils should be guided from the start as to what to expect, without making too much fuss over the disability. The disabled child must understand that he or she can expect no concessions on discipline and behaviour other than perhaps a little leniency on timekeeping if there are problems of mobility. Usually, the disabled child will be only too glad to conform to the normal standards of behaviour

and to avoid appearing different. There will be some exceptions, who have been spoilt or indulged at home, and who must learn that their disability cannot excuse ill behaviour. The ablebodied children must realize that teasing and mocking will not be permitted, but that in every other respect they should treat their new class fellows normally. It helps, of course, if there are one or two members of the teaching staff suffering from disabilities, so that pupils will find nothing extraordinary about the presence of a disabled person simply getting on with his work.

155. Families both of disabled and ablebodied pupils also need to be prepared and introduced to the concept and development of integrated education. With the first group, it is important that they should at home reinforce school policy and should have realistic expectations and make realistic demands on the disabled child. Among the second group, there may be some who fear that their own child will "catch" a disability, or that somehow the work of the school will suffer. To these families it may be pointed out that casual integration has been going on from time immemorial without any of their fears materialising.

156. It may be assumed that rather small resources will be available for physical modifications of the school environment. However, a great deal may be achieved by the application of common sense to the available resources. Often, all pupils will benefit from modifications effected in response to the presence of disabled children. For example, where some pupils have visual impairment, it is recommended that classrooms should be well lit (which benefits everyone) and that the children with poor vision should sit near the front of the class. (They should not necessarily sit at the front, since to do so may prevent them from gaining visual cues from their fellow pupils and may inhibit them from asking their neighbours for help.) Teachers should not hesitate to place a disabled pupil next to a reliable ablebodied pupil with the expectation that some help may be given.

157. For hearing impaired children, and also the visually handicapped who rely more upon auditory information, it is advisable that the acoustic quality of the school environment be raised as far as possible and that unnecessary, incidental noise be limited. Again, classroom seating may be so arranged as to assist the disabled child at no more cost than a little thought. The teacher should plan lessons to include visual representations to supplement the spoken word, and for the benefit also of the visually or intellectually impaired all drawings on blackboards or wallcharts should be large and clear. Teachers with hearing impaired children should adopt the habit of speaking with face fully visible, in order to facilitate lip reading, and should avoid standing in silhouette against a sunlit window which renders their features invisible.

158. Where physically disabled children are concerned, again a little thought can overcome many physical and mobility barriers.

One child may best be seated by the door where he or she can easily enter or leave without negotiating narrow lines of desks; another child may easily be capable of movement but is better seated away from the door to minimise the danger of being knocked down by the flow of children at the beginning and end of lessons. Some children can manage staircases, in which case it may be good for them to practise doing so; while for others the barrier is insurmountable and classroom allocation may be changed to allow them to stay on one level. With pupils having a speech impediment, and this is likely to be a large category, it is recommended that teachers should ignore the speech problem but should give friendly attention to the child and help him or her to relax and gain confidence. This will necessitate the checking of teasing by other children, without making the stammerer too self-conscious. The same applies to children who have any emotional instability, mild epilepsy, facial disfigurement, and children who are naturally left-handed.

159. In the latter case, the child should be allowed to use whichever hand he prefers without any attention being drawn to it. Where a child's family is beating or abusing him for using the left hand, the school teachers and principal should discuss the matter calmly with the parents and should point out the likelihood of their giving the child a psychological disability if they make a fuss over a perfectly natural phenomenon. If necessary reference may be made to religious teachers who can assure the family that there is no religious prohibition on the use of the left hand for school work.

160. Most of the above recommendations merely require teachers to do their normal work more conscientiously and thoughtfully. For example, teachers should always keep an eye open for safety hazards, and this is reinforced when there are visually or intellectually impaired children about. The vast majority of teachers will rise to this challenge if it is presented to them in an appealing way and as both a professional and humanitarian concern.

161. Recommendations concerning rehabilitative aids, e.g. spectacles, white cane, braille, hearing aids, speech trainers, crutches, calipers, wheelchairs etc., have been omitted up to this point for two reasons: (1) In most places such aids are not available or affordable by families and no repair or servicing facility is accessible. (2) It is necessary to emphasise and reemphasise that both special education and integrated education are a matter of children, teachers and families learning, doing, practising and relating to one another. If teachers will understand this and will apply their minds to discovering how best to communicate with their pupils, facilitate their learning processes and invoke the family's cooperation as well, then half or more than half of the disability will have been overcome.

162. The remaining half may indeed be helped or removed by a technical aid. But the fact needs to be faced fairly and squarely that even in the technologically advanced countries at any one

time a large proportion of rehabilitative technical aids are either lying broken, or need servicing, or have been outgrown, or have gone missing, or are not in use because the potential user is embarassed, depressed, or has got used to coping without the aid. In these circumstances, if the teacher-pupil relationship is good then the child will carry on learning; if bad, or if dependent on the aid or gadget, then the prospects are poor. The near-obsessional interest by both Government and non-Government organisations in Western rehabilitation gadgets is a form of delusion and an escape from the above realities. It is an escape from the initially more difficult but ultimately much more fruitful possibilities for teacher-pupil-family contact and learning.

d) In Conclusion

163. Within its own proper cultural, ideological and societal norms it is almost certain that Pakistan will during the next 20 years develop and experiment with a variety of forms of integrated education and vocational training, commencing on the basis that at least 2% of the present ordinary school population have perceptible disablilities yet are experiencing casual, non-planned integration with ablebodied children. The development of integrated education might proceed fitfully, in opposition and obscurity, with an inestimable loss of opportunity for hundreds of thousands of disabled children. Or it may proceed in an orderly way with appropriate investment in pilot projects, feedback and exchange, planning and extension. In the latter case, a very modest investment in mobilising and facilitating existing resources will pay off both in humanitarian terms, in economic terms and in achieving the ultimate goal of every modern, civilised society by integration ablebodied and disabled persons for the common good at every level.

164. The choice now lies with Government of Pakistan, with the people of Pakistan, the educationists, the Disabled Persons organisations, the opinion shaping media, the families, and with the schoolchildren themselves, both disabled and ablebodied.

October 1985

M.Miles
Peshawar

BIBLIOGRAPHY

N.B. Some of the following references contain no more than a passing mention e.g. of the existence of an integrated education scheme in a particular country, or of schoolchildren's health in a particular place. For the sake of researchers who may be considering further work in this field, those 'incidental' references are distinguished by an asterisk (*) after the date.

Those references containing something considered to be substantially of relevance to educational integration in developing countries are marked with a plus sign (+) after the date. The remainder of the references either fall in between these two ratings, or refer purely to the Western scene.

References

1. J.K. Thompson (1982) Policies and Programmes for Disabled People in the Commonwealth. Commonwealth Sectt., London.

2. Boucebci, M. (1981)* Communities that Care. Unesco Courier, June 1981. UNESCO, Paris.

3. UNESCO (1971)* A Study of the Present Situation of Special Education. Document ED/MD/16, UNESCO, Paris.

4. UNCSDHA (1985) Disabled Persons Bulletin No. 6 & 7. UNCSDHA, Vienna.

5. Coangae, J.N. (1983) Rural Areas of Botswana. In Report of a Workshop on Mobilising Local Resources in Africa for Persons with Learning Difficulties or Mental Handicap, Nairobi 1982. Ed. Serpell, R. Norwegian Assocn. for M.R., Oslo.

6. Dixon G. and Davis, K. (1981)* Peace Corps in Special Education and Rehabilitation. Peace Corps I.C.E., U.S.A., Washington D.C.

7. UNESCO (Ed.) (1977) Integration of technical and vocational education into special education. UNESCO, Paris.

8. Hong Kong Government (1977) Integrating the Disabled into the Community: A United Effort. Govt. Press, H.K.

9. Natanagara, D. (1981) A Chance to Learn--Like Other Children. (Indonesia) Info. Office, UNICEF, Bangkok.

10. UNCSDHA (1984)* Disabled Persons Bulletin No. 4 & 5. CSDHA, Vienna.

11. Balcomb, V. (1980) Kenya: Trying to meet the need. UNICEF News No. 105/1980/3.

12. UNESCO (Ed.) (1979) Regional Seminar on the Education of Mentally Retarded Children held at Macquarie University, Australia: Report. Document ED-79/WS/135. UNESCO.

13. UNCSDHA (1983)* Disabled Persons Bulletin No. 3. CSDHA, Vienna.

14. UNESCO (Ed.) (1980) Handicapped Children: early detection, intervention and education. Document ED/MD/63. UNESCO, Paris.

15. Paburada, J.M. (1982)* Resources in Rural Areas. In Proceedings of the 5th Asian Conference on Mental Retardation, Hong Kong 1981. Asian Fedn. for M.H., Kong Kong.

16. Soloyanis, G. and Ransom, R. (Ed.) (1979)* Proceedings of the Regional Seminar on the Rehabilitation of Handicapped Persons in French-Speaking West Africa, Goodwill Industries, U.S.A.

17. Serpell, R. (1983) Mobilising Local resources in Africa for persons with learning difficulties or mental handicaps. Report of a Workshop held in Nairobi, Nov. 1982. Norwegian Assoc. for Mentally Retarded, Oslo.

18. Mulitso, K. and Mbukani, K. (1981) Aspirations and integration of the disabled in the Kivu, Zaire. Assignment Children 53/54. UNICEF, Geneva.

19. Labregere, A. (1974) + Case Studies in Special Education. UNESCO, Paris.

20. U.N. EcoSoc. (1976) Obstacles Limiting the Access of Disabled Children to Rehabilitation Services and Education. United Nations, New York.

21. Dale, D.M.C. (1978) Educating Deaf and Partially Hearing Children Individually in Ordinary Schools. The Lancet, 21 Oct., 1978.

22. Rauf, A. (1975, 3rd Edn.)* Dynamic Educational Psychology. Ferozous Ltd., Lahore.

23. Zia-ul Haq, Gen. (1984)*Quoted in the Pakistan Times, 25th May, 1984.

24. UNESCO (n.d.)* The Development of a Core Curriculum for the Preparation of Teachers in Special Education in Venezuela. ED-80/WS/50. UNESCO.

25. Nimbkar, K.V. (1979) Compulsory Education and the Crippled Child. J. Rehab. Asia, Vol. XX, 1.

26. Fatimetou, S., and Camara, T. (1979)* Report from the Islamic Republic of Mauritania. Proceedings of the Regional Seminar on the Rehabilitation of Handicapped Persons in French-Speaking West Africa. Goodwill Industries, U.S.A.

27. Ssali, C.L. (1972)* The Problem of Deafness in Uganda. Report on the Seminar on Deafness, Accra, Sept. 1972, The Commonwealth Society for the Deaf, London.

28. Liming, Wei (1985)* Special Schools for the retarded. Beijing Review, quoted in The Pakistan Times 21/4/85.

29. Chung, Shih (1979)* Helping Mentally Handicapped Children to Learn. Journal of the Intl. Union for Child Welfare. Dec. 1979.

30. Mathews, W. et al (1977) Special education in Sri Lanka. Special Education: Forward Trends Vol. 4,4.

31. Caines, N. (1978)* Programmes for the mentally retarded in Bermuda. In Vocational Rehabilitation of the Mentally Retarded. ILO, Geneva.

32. WHO (1978)* Development and Strengthening of Mental Retardation Programmes. Report of a Workshop, New Delhi Sept. 1978. Document SEA/Ment./45. WHO, New Delhi.

33. Kgosana, P. (1984) Towards a responsible society: enabling the community to enhance self-reliance of the disabled. Future No. 13, UNICEF, New Delhi.

34. Govt. of Zimbabwe (n.d.)* National Disability Survey of Zimbabwe. Govt. of Zimbabwe, Harare.

35. Serpell, R. (1982) Childhood Disability in Botswana. (mimeo)

36. Peaston, H. (1980)* Report on longitudinal studies of school-children's health at Risalpur, N.W.F.P., Pakistan. Clinical Research Unit, Risalpur

37. Wagner, W. & Wazir, S. (1984)* School Health Service Report. P.R.C.S.(NWFP) Peshawar

38. Islam, Z. (1983)* Ocular Diseases in Schoolchildren . Khyber M.C., Peshawar

39. Bhatti, G.S. (1982)* Studies conducted for the W.H.O. Low Cost Spectacles for School Children Project. WHO Coordinator, Islamabad.

40. Hassan, I.N. (1979)* General features of psychopathology found amongst primary school children of Federal area schools. Islamabad. Paper presented at 4th Session of Pakistan Psychological Assoc. National Instt. of Psychology, Islamabad.

41. Tareen, K.I. et al. (1983)* A study of patterns of psychosocial disorders in children living in katchi abadis. Nat. Cl. of Social Welfare, Govt. of Pakistan.

42. Parija, S.M. et al. (1983)* An Ecological Study of Educationally Handicapped Boys in Middle School. J. Rehab. Asia Vol. XXIV No. 4.

43. Prabhu, G. (1978)* Mental Retardation in India. In Springboard for Action. Federation for the Welfare of the Mentally Retarded (India), New Delhi.

44. Verma, S.K. (1968)* Research and Rehabilitation project on mental retardation at Nandanran, Nagpur. Indian J. Mental Retardation 1, 49.

45. de Mezerville, G. (1979) Disability and Rehabilitation in Rural Costa Rica. Occasional Paper 3, M. .R., Michigan State University.

46. Kumar, K. (1984)* Breaking Away. Future 11,12. UNICEF, New Delhi.

47. Asberg, R. (1973)+ Primary Education and National Development. Almqvist and Wiksell, Stockholm.

48. Lolarga, E.G. (1980)+ The Silahis Concept: Manila's Answer to Mainstreaming. In Proceedings of the Sixth Pan Pacific Conference of Rehabilitation International, April 1979, Seoul. Korean Society for Rehabilitation of the Disabled.

49. UNESCO (1979) Final Report on the Expert Meeting on Special Education, Paris, October 1979. UNESCO, Paris.

50. Salisbury, G. (1974)+ Open Education Handbook for Teachers of the Blind. Royal Commonwealth Society for the Blind.

51. Victor, P., and Lowe, A. (Ed.) (1982)+ Selected Papers from the All India Workshop for Teachers and parents of Hearing Impaired Children. Max Mueller Bhavan, New Delhi.

52. Mbewe, M., and Serpell,R. (1983)+ Basic Education of the Deaf in Zambia. Report on the National Conference, August 1982. (mimeo)

53. I.L.S.M.H. (1981) Education of Handicapped Pulils in Ordinary Classes (Italy). Text for slides set. Special Education Unit, UNESCO, Paris.

54. Pasternak, Y. (1979)+ Integration of handicapped children and adolescents in Italy. C.E.R.I./O.E.C.D., Paris.

55. Parikh, J. (1983) Mental Health Through Recreation for Disabled Children. Paper present at the Afro Asian Conference on the Role of Play in Child Development. Nov. 1983, New Delhi.

56. Lazo, S.G. (1982)+ Integration of Three Children with Down's Syndrome in a Pre-School Montessori Setting: An Exploratory Study. In Proceedings of the 5th Asian Conference on Mental Retardation, Hong Kong, 1981. A.F.M.R., Hong Kong.

57. Shou-hong, K. (1983)+ How to be Independent, Psychologically. Proceedings of the Sixth Pan Pacific (as No. 48).

58. Buchanan, B.C. (1982)* Disablement and the Life of Faith. In Report of Consultation on Humanity and Wholeness of Persons with Disabilities. Sao Paulo, Nov. 1981. World Council of Churches, Office of Family Education, Geneva.

59. Werner, D. et al. (1986) Physically Disabled Children in Rural Areas. (in preparation) Hesperian Foundation, Palo Alto.

60. dos Santos, S.M. (1982)* Personal account, Paper given at the Consultation on Humanity and Wholeness. See 58

61. Chan, W.M.H. (1980) A Comprehensive Educational System for the Handicapped. In Proceedings of the Sixth Pan Pacific (as No. 48).

62. Serpell, R. (1984)+ Childhood Disability in Socio-Cultural Context: Services and Assessment. Paper presented at the Workshop on Applications of Cross-Cultural Psychology to the Promotion of Healthy Human Development. Mexico City, Aug. 1984. (mimeo)

63. Khan, Shirin. (1984) Education Preparation for the Integration of Disabled Persons and Society. In Proceedings of Workshop on Information, Awareness and Understanding for Integration of Disabled Persons and Socelty, Lahore, April 1984. Pakistan Society for Rehabilitation of the Disabled.

64. UNESCO (1982)+ Design Guide for Barrier-Free Schools. Educational Building Digest No. 14, UNESCO, Bangkok.

65. Dept. of Education and Science, Govt. of U.K. (1984)+ Designing for Children with Special Educational Needs: Ordinary Schools. Building Bulletin 61, H.M.S.O., London.

66. R.N.I.D. (Ed.) (1980) Design of Educational Facilities for Deaf Children. British Journal of Audiology. Supplement No. 3. Royal National Institute for the Deaf, London.

67. Hanson, L., et al. for U.N. (1983)+ Designing With Care: A guide to adaptation of the built environment for disabled persons. UNCHS/SIDA.

68. I.L.S.M.H. (1972) Architectural Principles and Ment al Retardation. ILSMH, Brussels.

69. Miles, M (1981) Integrated Education for Handicapped Pupils: Some Practical Drawbacks in Developing Countries. J. Rehab. Asia Vol. XXII, No. 2.

70. Govt. of Pakistan (1983) The 6th Five Year Plan 1983-1988. Planning Commission, Govt. of Pakistan, Islamabad.

71. Abdullah, T. (1981) The situation of disabled children in Pakistan. UNICEF, Islamabad.

72. Tareen, K.I. (Ed.) (1981) Proceedings of Workshop on Programme Development for the Handicapped, Lahore, April 1981. Govt. of Punjab/UNICEF, Lahore.

73. Tareen, K.I. et al. (1983) Epidemiological study of childhood disability. Survey/study in Punjab (Pakistan) Interim Report. UNICEF, Lahore.

74. Rahim, M. (1981) The main objective of the education programme for the mentally retarded children. Proceedings of the National Seminar on Problems of Handicapped Children and their Families, Lahore.

75. Miles, M. (1983) + Attitudes towards persons with disabilities following IYDP (1981). National Council of Social Welfare, Islamabad.

76. Bhutto, M.H. (1985) + Communications prepared for the National Coordination Committeeon Special Education of the Mentally Retarded, July 1985, Islamabad. Bureau of Curriculum, Sind, Jamshoro.

77. Nusrat Awan (1985) Information pamphlet covering activities of the Association for Retarded Children, Karachi.

78. Strain, P.S., and Kerr, M.M. (1981) Mainstreaming of Children in Schools. Academic Press, New York.

79. Warnock, H.M. (Ed.) (1978) Special Educational Needs. Report of the Committee of Enquiry into the Education of Handicapped Children and Young People. H.M.S.O., London.

80. Booth, Tony (1981) Demystifying integration. In The practice of Special Education. Swann, W. (Ed.) (1981) Blackwell, Oxford.

81. Hegarty, St. et al. (1981) Educating Pupils with Special Needs in the Ordinary School. N.F.E.R.--Nelson, Windsor.

82. Hegarty, S. et al. (1982) Integration in Action. Case Studies in the Integration of Pupils with Special Needs. N.F.E.R.-Nelson. Winsor.

83. Chazan,M . et al. (1980) Some of our children: The early education of children with special needs. Open Books, London.

84. Anderson, E.M. (1973) The Disabled Schoolchild. A study of integration in primary schools. Methuen, London.

84A. Hockley, L. (1985) On being a support teacher.... Brit. J. Special Ed. Vol. 12, No. 1.

85 Brechin, A. et al. (Ed.) (1981) Handicap in a Social World. Hodder & Stoughton.

86. Sheridan, M.D. (1948) The Child's Hearing for Speech. Methuen.

87. Johnson, J.C. (1962) Educating Hearing-Impaired Children in Ordinary Schools. Manchester University Press.

88. Advisory Cttee. on Services for Hearing Impaired Children (1981) Final report. D.H.S.S., British Government.

89. Miles, M. (1984() Deafness in rural Asia. The Volta Review Vol. 86, No. 6.

90. Sutherland, A.T. (1981) Disabled We Stand. Souvenir Press, London.

91. Kershaw, J.D. (1973) Handicapped Children in the ordinary school. In Varma, V. (Ed.) Stresses in Children, London University Press.

92. Jorgensen, I.S. (1979) Guidance on dealing with blind, partially sighted or hearing defective children in the ordinary school. Special Education in Denmark. The Danish Institute, Copenhagen.

93. CRC Education and Human Development Inc. (1978) Mainstreaming Preschoolers. Project Head Start. D.H.E.W., U.S. Govt.

94. Hodgson, A. (1984) How to integrate the hearing impaired. Special Education: Forward Trends. Vol. 11, No. 4.

95. Frost, C.L. (1975) Integrating handicapped children into ordinary secondary schools. In Loving, J. and Burn, G. (Ed.) Integration of Handicapped Children in Society. R.K.P., London.

96. Foster, K.W. (1975) Physically handicapped children in an ordinary primary school--a new dimension. In Loving, J. etc. see 95

97. Beresford, P., and Tuckwell, P. (1978) Schools for All. M.I.N.D., London.

98. Hodgson, A. (1984) Integrating Physically Handicapped Pupils. Special Education: Forward Rends. Vol. 11, No. 1.

99. Frazer, B., and Chapman, E. (1983) Children with sensory defects in school. Special Education: Forward Trends. Vol. 10, No. 4.

100. Lowden, G. (1984) Integrating slow learners in Wales. Special Education: Forward Trends Vol. 11, No. 4.

101. Lowden, G. (1985) The Units Approach to Integration. British Journal of Special Education, Vol. 12, No. 1.

102. Webb, L. (1967) Children with Special Needs in the Infants' School. Collins, Glasgow.

102. Jamieson, M. et al. (1977) Towards Integration. A study of blind and partially sighted children in ordinary schools. N.F.E.R. Publishing Co., Windsor.

104. U.N. (1983) World Program of Action Conerning Disabled Persons. U.N., New York.

APPENDIX I

SOCIAL WORKERS' REPORTS (extracts)

The following are extracts from reports made to the S.I.E.H.C. by social workers employed to work in Peshawar schools, following up the initial survey. These extracts are intended to give some picture of the level of operation and of the employees' perceptions.

(1) Report on Follow-Up of Survey

In the first attempt of the follow-up study seven schools are under follow-up. In these seven schools 62 handicapped children were recorded in the previous study. The present follow-up shows that the number of handicapped children has decreased from 62 to 45.

The reason for this decrease in number of H/C is

1) 8 H/C are promoted to other schools as they were studying in the 8th or 5th classes which are the senior classes of middle and primary schools.

2) 9 H/C left the school having disabilities as shown against each number: Speech defect - 5; Hard Hearing and Speech Defect - 2; Physically disabled - 2. Total = 9.

Parents of the H/C are in contact and they are cooperative, A few children, i.e. 5 physical H/C are on the waiting list of the physiotherapist. Regarding speech defect a few, i.e. 4, are advised to get in touch with Mrs, Miles so that she can talk to the speech therapist Mrs. Clough. Two low I.Q. H/C are admitted in M.H.C.

Sibghat-ur-Rehman M.A.
Social Worker

2) Further Follow-up

1. No. of Schools visited = 9
2. No. of H/C during previous study found in these 9 schools = 86
3. Present No. of H/C in these 9 schools = 58
4. No. of H/C promoted to other schools = 9
5. No. of H/C who have left the school = 19

These 58 H/C are having different disabilities, out of 58 H/C I have met with 46 H/C parents.

CLASSIFICATION

Disability	No,	U/Treatment	Referred to	Minor Cases	Not Visited	Visited to Specialists
Speech Defect	22	-	Mardan 7	9	4	2
Defective Vision	6	3	-	-	2	1
Physical	11	3	-	-	5	3
I.Q.	3	-	-	-	-	3
Hard of Hearing	3	-	L.R.H. 1	-	1	1
Nervous	1	-	Dr. Shafiq 1	-	-	-
	46	6	9	9	12	10

3) S.I.E.H.C. (FOLLOW UP STUDY UP TO JUNE.83)

1. No: of Schools visited = 27
2. No: of H/C during previous study found in 27 Schools. = 213
3. Nos: of H/C in 27 Schools. (during follow up) = 115
4. Nos: of H/C who have left the School = 98
5. New commers in different schools. = 18
6. No: of parents contacted = 80 (Including New comers)

Sibghat-ur-Rehman M.A.

4) Report on Social Work in A.B. School

In A.B. School we have almost thirty students of various disability. Among them five students are physically disabled, six have speech defects, two are deaf and the rest are mentally slow or having low I.Q.

I have interviewed the students, their teachers and their families, and discussed with the teachers and parents about their problems. Every day I observe the children when they are playing. I take part in their games to know how they are feeling. I go to their classes and observe how they study, whether they take interest in their study. I try to mix with them so that I may know them and understand their problems. I try my best to solve their problems.

Here I want to tell you briefly about the following students.

B.K., student of class 4th has a speech defect as well as low I.Q. He is 10 years old. He is not good in study. He does not have interest in study. I have taught him very carefully but he does not understand. One thing I teach him again and again but he cannot understand, and I come to this point that he is not an intelligent boy. His parents are also careless about him. They send him to school to keep him busy. I have motivated his teachers and parents to give special attention to B.K. so that he may learn some thing.

S.J. is a student of 3rd class. He is physically disabled, belongs to Afghan refugees, and lives in German Hospital at U.Town. He became disabled by a bullet which struck his backbone. Because of this his waist and legs were paralyzed. He comes to school on a wheelchair pushed by his elder brother who is studying in class 111 B. His expenses are borne by the hospital. He is under treatment. He has no finance problems because the German hospital is providing him each and everything. We also look after him in school. He was admitted in class 11 in Sept. 1982. During three months he showed good result and stood 2nd in the class. He is a very intelligent student.

J.S. is also an Afghan refugee girl, sister of S.J. She was disabled by a bullet. The lower part of her body is paralyzed. She is staying in German hospital. She is under treatment. All her expenses are borne by the hospital. She is an intelligent girl. She is physically defective. I can not know when she will be able to go back to her country and when she will be healed. I motivate her teachers to pay special attention.

S.K. is the student of class 11, daughter of an Army Major, having physical defect. She is 9 years old. When she was 4 she had typhoid and she became disabled. She lived with her grandmother almost 6 years. After 6 years she was brought back to her parents home. Now she has been living with her parents for 3 years but she is not willing to live with them. She is not happy there. She always remembers her grandmother. She lives to her grandmother more than her own mother. S.K. is not an intelligent girl. But her mother is strict with her. She wants everything by S.K. extraordinary. She also wants that S.K. should not remember her grandmother. So her mother is also problem for S.K. Her mother is worried about her. She takes her off and on to the doctors and psychiatrists. Sometimes S.K. becomes aggressive.

I held a meeting with her mother and discussed about her. I gave her suggestions that she should not consider her a defective girl. She should treat her like a normal child. In school her teacher gives her extra attention. Now she is taking interest in her study.

S.U. is a student of 7th class, aged fourteen years. He is deaf and unable to speak. He has been studying in this school for 7 years but he can not write his name and father's name. It is difficult for him to write but it is not impossible. He belongs to poor family. So he should take admission in any technical Institution so that he may be able to support himself in future. We are trying to contact his parent to discuss this issue.

Q.Z. is another student with speech defect and low I.Q. He is 10 years old and was first admitted a few months before in this school. He belongs to a rich and educated family. We can not make him a doctor or Engineer with his low I.Q. But we can teach him the fundamental things which are necessary or important for his life. We are trying our best.

R.K. is a physically handicapped child who needs an artificial limb, which has been arranged for him. I also helped him in taking him to the hospital for check up and for operation. Now he has been operated and after 10 days a new limb will be joined.

Two students, S.U. and Z.U. at the age of 12 years old belong to poor family. I wish that we should engage them in technical training for which we are trying.

As far as the students of low I.Q. are concerned they need more attention in classes and at home. So I motivate their teachers and parents to give special attention. I also teach them because in this way I can keep aware myself about their position in study and problems relating with them day by day.

Ms. Yasmin Fazal M.A.

5) REPORT OF THE SCHOOL SOCIAL WORK

We are concerned with the school social work in which we have the students of various disabilities. We arranged home tutors for three pupils who were weak in study. Now their reports are very good.

R.K. the physically handicapped child was operated on two months ago to straighten the stump for an artificial limb. But unfortunately his stump did not become straight and he needs another operation for this purpose.

We want to engage the two pupils Z. and S. in technical work but their parents are not giving any positive response.

Y.K. has speech defect and a mild hearing impairment and because of absence of trained teachers he was neglected. Therefore it was necessary for him to join the Deaf School. I sent him to that school after meeting with his parents and motivating them. He was a poor boy and his conveyance and fee was free at the previous school, therefore his parents did not agree to send him to another school because they cannot bear the expenses. But after I told them that the fee and conveyance will be free they agreed and we admitted the child in the Deaf School. But after a few days he came back to the previous school because he could not adjust himself.

As the disabled children are financially supported by A.B. School, in April they would need new books, stationery and uniforms on which the school spends about Rs.400/- per pupil. Last year the Society granted Rs.5,000/- to the school for the handicapped.

February 1983 Ms. Yasmin Fazal M.A.

6) REPORT ON PUPILS IN C.D.SCHOOL

In C.D.School, we have only one child who is hard of hearing; the rest of the students, few in number, whom I studied have not any clear disability but they are a little bit weak in class or passive by nature, to whom we can give the name of socially handicapped children.

1. S.W. is a pupil of K.G. She is 4 years old. Physically she is very active. She can run, play and take part in every kind of games. Mentally S.W. is good, she understands quite well. She knows the alphabet and the numbers and how to add and subtract them, She looks very intelligent and very talkative. She is restless and it seems that she wants something to do. As I studied her she is not abnormal as she was considered by her teacher. She can be careless but she is not dull minded.

2. S.S. is a pupil of class 1. She is 6 years old. She is not very intelligent. She is very quiet and sits passively and feels shyness in giving answering. By asking her question and talking with her I guess that she is not intelligent. She all the time cut her nails and did not give any proper answers about her family members. She could not understand or read her course books in spite of having finished her course.

3. U.K. is a pupil of 5th class, 11 years old. Physically very weak; she gets pain in the right side of her body. She writes with her left hand. Her eyesight is weak. She was shy in talking with me. She is not talkative, but very withdrawn. She is not good in her studies. She gives the reason that her father doesn't

help her in study. She doesn't like play friendships. She wants to sit alone. Her father is very strict in attitude, so that she has developed a timid disposition.

I interviewed U.K.'s mother and class teacher. U.K. was a weak and sickly baby, who was looked after a lot by her aunt. When this aunt got married and left, the separation was very painful. A period of separation from her father due to family circumstances resulted in further withdrawal and timid attitude. The child is lacking in security and love and attention, and these are her basic needs. She should also be encouraged to participate in social interaction. I suggested a medical check up for U. but her mother was unwilling and would not be persuaded. I discussed U. with the class teacher, and suggested ways of helping her. This needs cooperation of school and home together.

4. S.B., pupil of class 1, 6 years old, physically good. Her results in class are not good. Previously she was dull. But gradually she is improving. She has started taking interest in home work. She is not very talkative. By giving attention of teachers and family members to give help in class work and home work she can improve more.

27th April 1983 Ms. Yasmin Fazal M.A.

7) REPORT

Working with handicapped children studying in normal schools is a valuable experience for me. The schools are situated in different localities of Peshawar City and Cantt. In providing assistance to a child six parties are involved: S.I.E.H.C., school, classteacher, child, parents and the agency through which we manage to provide services to the children.

To follow up the children after primary check-up is also very important, as parents' involvement in the rehabilitation process is very essential.

PROBLEMS

Our society is men-oriented and women folk are confined to the four walls of their houses. Consequently they cannot contribute at all in the social activities especially outside the house. Male members go outside to earn their livelihood. In this way they do not take their child regularly to the medical care centres.

Lack of awareness is another problem of our society. Those having handicapped children do not know how to help their children in adopting preventive measures against disability at health centres meant for the purpose. The people feel shy and do not give the real causes of the disability. The fatalistic attitude of the people has inclined them to avoid a lengthy treatment. They want rapid positive results, failing which they go from doctor to doctor seeking a cure.

The number of speech-problem cases is greater than other registered cases but as there is no speech therapist in N.W.F.P., the children with speech problems cannot benefit properly from our programme. I suggest exercises for the improvement of the child's pronunciation ability.

Another evil in the schools is that the teachers instead of encouraging the handicapped children, call them by bad names according to the disability of the child.

PROGRESS (since October 1983)

a. School visits = 55
b. Home visits = 31
c. Children approached for eye check up in free eye camp = 81
d. Children under treatment in the physiotherapy department (M.H.C.) = 10
e. S.I.E.H.C. contributions paid by refund of proportion of treatment expenses
November 1983 = Rs. 641.00
December 1983 = Rs. 683.00
f. One child having the problem of low I.Q. was referred to and checked by the neurologist at CMH Rawalpindi.
g. One heroin addicted boy was helped in detoxifying him at Lady Reading Hospital.
h. I have attended classes with Miss Farhat Rashid, physiotherapist at Mental Health Centre, to know the ABC of physiotherapy.

FUTURE PROGRAMME

In addition to the present activities arrangements will be made for the vocational training of handicapped children as suggested by Mr. Sibghat-ur-Rehman.

I pay thanks to the S.I.E.H.C. Patrons for their cooperation, guidance and confidence.

Dated 2.1.1984 Munir Akhtar Qureshi M.A.

APPENDIX II

EXTRACT FROM U.N. WORLD PROGRAM OF ACTION

The following are the main points relating directly to the education of disabled persons and the training of special teachers, extracted from the United Nations World Program of Action Concerning Disabled Persons (1983), U.N., New York.

64. At least 10 per cent of children are disabled. They have the same right to education as non-disabled persons and they require active intervention and specialized services. But most disabled children in developing countries receive neither specialized services nor compulsory education.

65. There is a great variation from some countries with a high educational level for disabled persons to countries where such facilities are limited or non-existent.

66. There is a lack in existing knowledge of the potential of disabled persons. Furthermore, there is often no legislation which deals with their needs and a shortage of teaching staff and facilities. Disabled persons have in most countries so far not benefited from a life-long education.

67. Significant advances in teaching techniques and important innovative developments have taken place in the field of special education and much more can be achieved in the education of disabled persons. But the progress is mostly limited to a few countries or only a few urban centres.

68. The advances concern early detection, assessment and intervention, special education programmes in a variety of settings, with many disabled children able to participate in a regular school setting, while others require very intensive programmes.

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120. Member states should adopt policies which recognize the rights of disabled persons to equal educational opportunities with others. The education of disabled persons should as far as possible take place in the general school system. Responsibility for their education should be placed upon the educational authorities and laws regarding compulsory education should include children with all ranges of disabilities, including the most severely disabled.

121. Member States should allow for increased flexibility in the application to disabled persons of any regulation, concerning admission age, promotion from class to class and, when appropriate, in examination procedures.

122. Basic criteria are to be met when developing educational services for disabled children and adults. These services should be:

(a) Individualised, i.e., based on the assessed needs mutually agreed upon by authorities, administrators, parents and disabled students and leading to clearly stated curriculum goals and short-term objectives which are regularly reviewed and where necessary revised;

(b) Locally accessible, i.e., within reasonable travelling distance of the pupil's home or residence except in special circumstances;

(c) Comprehensive, i.e., serving all persons with special needs irrespective of age or degree of disability, and such that no child of school age is excluded from educational provision on grounds of severity of disability or receives educational services significantly inferior to those enjoyed by any other students;

(d) Offering a range of choices commensurate with the range of special needs in any given community.

123. Integration of disabled children into the general educational system requires planning by all parties concerned.

124. If, for some reason, the facilities of the general school system are inadequate for some disabled children, schooling for these children should then be provided for an appropriate period of time in special facilities. The quality of this special schooling should be equal to that of the general school system and closely linked to it.

125. The involvement of parents at all levels of the educational process is vital. Parents should be given the necessary support to provide as normal a family environment for the disabled child as is possible. Personnel should be trained to work with the parents of disabled children.

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145. Special teacher training is a dynamic field, and wherever possible it should take place in the country in which the education is to be used, or at least in a place where the cultural background and level of development are not too different.

146. A prerequisite for successful integration is the provision of appropriate teacher-training programmes, both for ordinary teachers and special teachers. The concept of integrated education should be reflected in teacher-training programmes.

147. When training special teachers, it is important to cover as wide a spectrum as possible, since in many developing countries the special teacher will be a multidisciplinary team on his own. It should be noted that a high level of training is not always necessary or desirable, and that the vast majority of personnel come from the middle and lower levels of training.

APPENDIX III

The following script is one of a series produced at the Mental Health Centre, Peshawar, entitled Rehabilitation Broadcasts for Rural Villages, which has been broadcast in Pushto to Pakistan and Afghanistan, and in several other languages to different countries.

BROADCAST NUMBER 13: GOING TO SCHOOL

(School playground or classroom noises in background)

Interviewer: Over the past few weeks we have been talking about children with various disabilities, and how their families can help them to overcome their difficulties and to lead a normal life. For many children it is normal to go to school, and disabled children should also have this opportunity. Today we will talk with Haji Abdul Qayum, Headmaster of a school in a small town, who has several disabled children in his school.

Headmaster: You are most welcome, We have had some disabled children attending school for many years. Most of them are getting on well with their studies.

Interviewer: What sort of disabilities do they have?

Headmaster: All sorts of disabilities. Let me get the list. (Sound of opening drawer) We have 280 boys attending school and there are 20 listed here as disabled. Here you are: "Physical Disability": Ahmed Gul, crippled leg; Amir Zada, lost his right arm in an accident; Anwar ul Haq, hunchback; and so on, there are a dozen of these boys. Then "Partly Blind"; Fakhir Mohammed and Mohammed Abbas. One of them has an eye missing, the other possesses both his eyes but he sees very little. Then we have Imran who is deaf. The remaining disabled boys either have a severe stammer or they are mentally weak. As a matter of fact there are a few more children here who have some minor disability such as a mild speech problem or their eyesight is weak, but their disability does not cause any difficulties.

Interviewer: Do you have some difficulties with the children on the list?

HM: It varies from child to child. Let me tell you how it started. Twelve years ago there was an important man of this town who had a disabled son. He wanted the boy to go to school, but the rest of the family made objections. They said "The other children will tease the boy. He will be left out of their activities and will feel inferior. Suppose he falls down and gets hurt", and a lot of other objections. But the father came to see me and asked if his son could come, in spite of these objections. I decided to take the boy for a month's trial, I summoned the class teacher and told him to keep an eye on the situation, but not to make any special fuss over the disabled boy. He must do his work just like any other boy, and must pay attention. But I told the class teacher to report to me if the other pupils were mocking or teasing.

At the end of the month the father came again. I called the class teacher and we discussed the case. He reported that the boy was doing well, he had made friends and was getting on with his work. During the first week the teacher had heard two other pupils making silly remarks to the disabled boy. The teacher spoke to those two pupils and rebuked them. One boy accepted the rebuke, the other boy continued to make remarks. That boy was warned that if he continued he would be beaten. So then he understood that the matter was serious and he ceased to make comments.

From that day onwards, I have always been prepared to consider admitting any disabled child to school. It is bad enough for them to be disabled; why should they also be excluded from school? We give them the chance. If they take this opportunity, well and good. If they do not take the chance, if they are idle or mischievous, or if their family does not permit them to attend, that is their own affair.

Interviewer: Do they not fall behind in their work because of their disabilities?

HM: Some do, and then we give additional help. For example, one of the boys who is partly blind finds great difficulty reading his textbook. There is an older boy who is physically disabled. So I called the older boy and said to him, "While your class fellows are out playing, you can make yourself useful by reading aloud to this young boy whose eyes are weak." I explained to him that it is a very honourable thing to help in this way. So the older boy agreed to do this. In such a way he occupies his time usefully and earns the respect of his fellow pupils.

To be quite frank, there have also been a few disabled pupils who were lazy boys. They believed that they could gain sympathy because of their disability, and therefore they need not do any work. The answer to them is the same answer I give to any child who is lazy. If they do not wish to work, they shall not occupy a seat in this school. I am a little more lenient with the disabled children, because sometimes their families have failed to exercise proper discipline at home, but we try to treat all the pupils on an equal basis.

Several disabled boys who have left school after completing their studies have now taken up work in shops or in other occupations, where they do as much work as the other employees. While they were here in this school they learnt to work hard and to earn respect by their efforts. They do not seek any special concessions. Because of this they are now able to succeed in doing a normal job of work.

Interviewer: You said earlier on that a few pupils are deaf or mentally weak. How do those pupils succeed in learning their lessons?

HM: In the case of deaf boys, they sit at the front of the class in order to make the best of whatever hearing power they still have. Their teachers give them a little extra help. Sometimes the teacher writes or draws on the blackboard so that the deaf child can more easily understand. I have talked with the teachers about all of those disabled children. A teacher came to me once and complained. He said "I have 40 other children in my class and I do not have special training to teach this deaf child. If he fails his examinations, I should not be blamed". That teacher was very agitated. So I talked to him calmly and I assured him that if he did his normal work then he would not be blamed for anything. I could understand his point of view. I was a teacher for 18 years before I became a Headmaster. Then I asked him: "What shall we do with the deaf boy? Is he making trouble in the classroom? Must we push him out of the school?" Of course, the teacher did not wish to deprive the boy of his schooling. So he calmed down and agreed that the boy should continue in his class.

Interviewer: What about the examinations? Do these disabled children take their class tests and examinations? How are they promoted to the next class?

HM: Most of them take their exams and class tests, but a few are not able. In the case of one boy who is mentally weak, I promoted him with his classfellows year by year because he is a big boy and good at sports though he learns very little. In another case of retarded growth and mental weakness, the boy has stayed down a class for a couple of years. He is the same size as boys much younger than himself, and it is easier for him to be with them rather than with the big boys.

You see, when I was a young teacher I thought that examination success was the only thing that mattered. Now I am an older man, soon I shall be retiring, and I have come to know that it is a good thing for all children to come to school and to learn something: to sit together and to cooperate with one another, to gain a sense of orderliness and discipline, to be instructed in religion and to learn about their country and to study the lives of great heroes of past times. It is true that the examination is important, but there are other things which are also important.

Take for example the other pupils who are not disabled. They see the blind beggar at the crossroads and the crippled beggar by the Bank and the mad man who shouts in the bazar. The pupils' attitude towards those people is not good. But here in this school they are sitting next to some children with disabilities. They make friends with them. They learn that those disabled children can study and can laugh and sing and tell jokes. They learn to accept one another. I tell you, that is not a subject for which there is any class test or examination, but is is one of the most valuable lessons the pupils can ever learn.

Interviewer: Indeed, it is a most valuable lesson. Many thanks, Haji Sahib, for sparing your time to tell us about this work.

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APPENDIX IV

SPEECH THERAPY: NEEDS AND POLICY

Current Resources

In Pakistan in 1985 there are a handful, probably less than 5, of fully trained Speech Therapists. An unknown number of people, perhaps as many as 50 or 60, are providing simple therapy for speech and communication disorders, on the basis of a brief training of a few weeks or months. Virtually all these practitioners are associated either with institutions for handicapped children (mostly for the deaf) or with city hospitals. Some are primarily physiotherapists, occupational therapists or clinical psychologists, who have a special interest in speech problems.

Present Needs

The extent of need for Speech Therapy is not known. Hardly any systematic survey has been conducted. Results of the present survey indicate that speech problems are noticed and reported as a disability in about 0.6% of ordinary school children (mostly boys), but the categorisation was ad hoc and by persons untrained in this field. In a survey in Lahore (1) of 1,025 children mostly from middle class families, parents gave a positive response for 81 (7.9%) children when asked "Is the child's speech in any way different from normal". However, that study questions the usefulness and clarity of this response, and points out that some of the "disabilities" turned up in the survey "were not perceived by a large number of parents as problems or treatable conditions. Problems of speech were most prominent in this respect."

The same study indicates that parentally reported speech differences are 3 times as common in the age group 3 - 6 years as in the 7 - 9 group. Records during 15 months of the speech therapy clinic associated with the study indicate (2) the following age groups for the proportion of children attending for speech therapy: (1 - 3 years), 24%; (4 - 6), 37%; (7 - 9), 21%; (10 - 12), 12%; (13 - 15), 6%. The proportion of children in the lower age groups increased considerably towards the end of the period reported, due to publicity on the availability of speech therapy services. There is little doubt that many of the problems could and should be picked up much earlier, with the effect of emptying the older age groups shown above.

In Britain in 1970, with very much more developed rehabilitation services and employing at that time the equivalent of 822 full time speech therapists for 54 million population, the extent of needs in the child population was estimated from a small number of surveys of dubious comparability. Needs in the adult population were not known at all (3). The Quirk Committee of Enquiry examining the meagre statistics came to the conclusion that so far as children in ordinary schools were concerned, at a very conservative estimate at least 2% will require speech therapy, and that a ratio of one full time speech therapist to 5,000 school population would be a reasonable proportion.

The poor health of schoolchildren in Pakistan plus the confused linguistic situation whereby 90% of schoolchildren are taught in a language other than their mother tongue, would suggest that the need for speech therapy will be much greater in Pakistan than in Britain. A ratio of 1 : 5,000 for the school population would require about 2,000 speech therapists at present; for the school age population, 4,000 would be required. For infants, deaf and cerebral palsied children, adult stroke patients and geriatric patients requiring speech therapy, a further unknown number would be required.

There is little prospect of meeting even a tenth of this requirement in the next decade. Returning to the minimal position of readily accessible schoolchildren who are reported as having a speech problem, an informal estimate during the follow-up of the present study was that about one third of them needed formal speech therapy, one third were mentally retarded or hearing impaired, and one third had an insignificant problem which could be expected to clear up by itself without intervention provided the child was not fussed too much by his parents or peers.

Thus the minimal number of schoolchildren without other defects, definitely requiring speech therapy might be set at 2 per 1,000. For the present ordinary school population of about 10 million, this would mean 20,000 clients. If the aim initially were to cover those living in urban areas, a target of 6,000 (i.e. 30%) might be set, increasing at 3% per annum.

The Quirk report suggests that a speech therapist working in British schools may reasonable expect to handle a case load of 100 clients. If the initial minimal target in Pakistan were the 6,000 readily accessible children mentioned above, at least 150 speech therapists would need to be trained, to take account of wastage, part time working, inexperience, and the many additional children who would be referred in schools once a speech therapist were available. The latter factor would certainly absorb all energies available once the speech therapists had worked their way through the initial target load.

Possible Resources

In the economically stronger countries, the profession of speech therapy has been established over a period of 30 to 40 years to the point where 3 or 4 years diploma and degree courses are standard. It would however be a mistake to imagine that Pakistan is obliged, or indeed has the resources, to begin at this point which others have reached after decades of struggle and development. In fact the normal pattern is for the already existing allied professions to enlarge themselves to cover parts of speech therapy, until those with a special interest add training to their experience and so begin to approximate more closely to

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the abilities of the fully trained specialist speech therapist.

There is a significant overlap between many of the disciplines involved with disabled children. All the therapies and special education require the practitioner to establish a relationship of trust and confidence with the individual child, to observe closely what the child can and cannot do, to gain and hold the child's attention and then to help the child learn and practise certain actions, movements, associations. Then there is further observation, record keeping, liaison with colleagues and parents, handling equipment, and public information and awareness raising.

A report by a trained and experienced British speech therapist to the Government of Sind (4) recommends that the experience of qualified professionals in allied fields should be built upon by giving them a one year crash course focusing on Phonetics, Linguistics and Disorders of Communication. This suggestion, together with the standard ideas of sending people abroad for training or importing specialists to run full courses, starts at one end of the problem. To start at the other end, short inservice courses (e.g. of 3/4 weeks duration) could be given to experienced and interested teachers, lady health visitors, public health nurses and so forth, i.e. to the front line workers who actually come in contact with the ordinary child population. By early detection, preventive work and enlisting the resources of family members, a certain proportion of speech problems could be caught before they require very specialised skills. Furthermore there is a certain amount of routine repetitive work involved in speech therapy, which can be carried out by persons with comparatively short training under the direction of a qualified speech therapist.

Conclusion

Examples from Europe indicate that it is extremely difficult, even with the well established speech therapy system, to discover the full extent of the needs. Action should therefore not be delayed by the quest for "accurate statistics". Even the most minimal figure for ordinary schoolchildren alone would require training of 150 full time speech therapists, and the needs for deaf and otherwise disabled children and adults would increase this figure to several thousands.

To make any serious impact on the problem of speech impairments and disorders, training and dissemination of awareness information should begin at every level, without delay.

References

1) Tareen, K.I. (1983) Epidemiological study of childhood disability. Interim report. UNICEF, Lahore

2) Tareen, K.I. and Aisha Yousef (1983) Speech problems in children. Paper presented to the 1983 Annual Pediatric Conference. Available from Child and Family Psychiatric Unit, Mayo Hospital, Lahore

3) Quirk, R. (chairman) (1972) Speech therapy services. Report of the Committee of Enquiry. H.M.S.O., London

4) Price, M.J. (1983) Report on Speech Therapy in Pakistan, for H.E. The Governor of Sind.

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